MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs ofter death puo death physician and completely filled in by the funeral nen please remove corbon papers. Pages 1 and and in any evest, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Anne Arundel o. STATE b. COUNTY MARYLAND New York Queens b. CITY OR TOWN (If autside carparate limits, write-RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 New York Flushing Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office of Dr. Wilson and Dr. Wirth 43-57 Union St. YES NO X Middle 4. DATE NAME OF Manth First Last Year 19 67 DECEASED Ader March 26 Sherman TOVE COL (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE C SEX B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED (ast\_birthday) Months White Hours Male WIDOWED DIVORCED Aug. 31. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A during mast af warking life, even if retired) Textile New York Salesman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Abraham Anna J. 17. INFORMANT 15 - WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dotes of service Harold Ader 340 W. 28 St. N.Y.C Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) signed by the buriol-tronsit p buriol, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis attending physician. DUF TO arteriosclerosis Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Heolth NO I hypertensive cardiovascular disease 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH no accident (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark 3/26/67 at wark nooty\_\_\_, that (I) (we) last TO HOSPITAL OR ATTEND Poge 4 moy be retoined 19 and that death occurred at 12 AM, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 3/26/67 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Lothian, Marvland, 20820 NAME (Type) Charles Wirth. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Flushing NY
y registrar | 25b. registrar's signature Hebron ADDRESS 1010 2Sa. REC'D BY REGISTRAR 74 "FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ochanles

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**ADDRESS** 

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66 24. EUNERAL DIRECTOR

SHEALTH SO THERE AS A PARTICULAR TRAIN SOURCE OF THE RESERVE OF THE PERSON OF THE P er per en la companya de la company En respecto de la companya de la co 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03006 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 apd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ompletely filled in by the fur ve. carban papers. Pages 1 event, within 72 haurs after, MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) YRS. BoltIMORE Glen Burne 2 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Langley Road NO K YES completely fi NAME OF Middle First 4. DATE Month Day Year DECEASED \$. ASHMENSKAS 26-19 67 Ge0265 (Type or print) DEATH IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH (1891) AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Doys NOV. 8. 1891 and in any W WIDOWED 📈 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Estern MD. RR Lith. Rothred -USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Un Known Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) 922 hong bay Rd -Kucher-MRS. MORIE NO 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse the State Dept. of Health priar ta go PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS'
PERFORMED? YES M NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City ar town) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, (County) (State) Haur o.m. factory, street, office bldg., etc.) While Not While ot wark at wark , 19 67 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram Gregues , 1965, to march saw the deceased alive on. 19 67, and that death accurred at M, fram causes and on the date stated above 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS director, page shauld be filed TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) Brookly Holy Coss Cometay 25, MD 3-29-67 Burial. 9 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ocharles John H Ide hin Forval Home 1200 Pennyton AVE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH funer o. COUNTY o. STATE b. COUNTY Pages 1 Anne Arundel Maryland ban papers. Pages 1 within 72 haurs after MARYLAND Anne Arundel requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  $2106\,1$ c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town)
Glen Burnie filled in by days Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS North Arundel Hoppital Cresthaven Dr NO X YES T 3. NAME OF First Middle Lost 4. DATE Month Doy Year physician and campletely DECEASED 196 event, Avery car (Type or print) DEATH March IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED remove lost birthdoy) Months Doys Hours in any white WIDOWED DIVORCED 10-3-30 male 36 yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) COUNTRY? INDUSTRY and teacher High Sch North Carolina United State runde 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, Frederick Avery Katie Warwick the attending SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? ps, no, or unknown) (If yes give wor or dates of service) Korean War 17. INFORMANT Address 10 same as above crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) transit PART I. DEATH WAS CAUSED BY signed by t burial-trans IMMEDIATE CAUSE (o) DUF TO burial. Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the has been lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram be retained M, fram couses and an the date stated above. and that death occurred at 34. saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS. director, page shauld be filed 700, Glen Burnie, Md NAME (Type) Charles R. MacDonald 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town)
Baltimore County) (Stote) REMOVAL (Specify) 3/15/67 Glen Haven Memorial Park Burial 24. FUNERAL DIRECTOR HOWARD H. HUBBARD FUNERAL HOME ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Wilkens Ave.

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ver continue 30 miles and reson to make a few o ra cita 73 3625 (2.1.2.1.) L/L/7 The come come Per

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## FOR STATE PLACE OF DEATH

HEALTH DEPT. y delay is This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-tronsit permit. File pages land 2 with the State Department of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death. TO DEPUTY MEDICAL EXAMINER: 5 may be retained far vaur files.

VR A15ME (5) 6M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)				
	Ar	nne Arundel	MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel				
	b. CITY OR TOWN	(If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporote limits, write RURAL one	give nearest town)		
	Gker	n Burnie	11111	Ritchie	Hgts, Pasadena	02.1		
		TAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	North A	Arundel Hospit	al	Route 9	, Box 342	YES NO		
3.	NAME OF DECEASED	First	Middle	Losi	4. DATE Month	Doy Year		
L	(Type or print)	WALTER	BEC	KETT	DEATH March 24	1967		
	SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR   IF UNDER 24 HRS.		
_	Male		IDOWED DIVORCED	Jan. 12 188	38 79 yrs.			
10c	o. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT		
		SI. (MEI.)	Davidson Chemie		ore, Md.	USA":		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
10	Will:			Moll	ie Berger			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	ice)	INFORMANT	Address			
	No	None	217-14-6794 M	rs <u>Louisa</u> E	. Beckett (wife	) Same as #2		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  Multiple severe injuries  8/24  DUF TO					ONSET AND DEATH			
	Conditions, if on	u subish						
1	rise to immedio	rise to immediate couse (o),						
	lost.	storing the underlying couse						
	PART II. OTHER S	. "						
CERTIFICATION		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES X NO						
TIFIC	200 EXTERNAL C	AUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.		Port I or Port II of item 18.)			
	CAUSE OF DEATH.	NIKIBOTING 🗆	Pedestrian strn	ck by car				
MEDICAL	20c. TIME OF IN.	JURY Month, Doy, Year	140 1 1 11 110 1	CE OF INJURY (Home, form	o, 20f. (City or town)	(County) (Stote)		
WE	7:10 oux x	m. 3-24 1967	While at wark ot work X fact	ory, street, office bldg., etc.)	Anne	Arundel Md.		
	21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my apinion							
	death resulted fram: Notural causes , <u>Accident M</u> , Suicide , Homicide , Undetermined monner							
	ACTUAL CHIEF MEDICAL EXAMINER   22. DATE SIGNED							
	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER LA							
	EXAMINER'S NAME (Type)	Charles S. Sp	pringate, M.D.		c, city, town, or county)	3-25-67		
230	BURIAL, CREMATI		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
	REMOVAL (Specify) Burial March 29,1976 Glen Hagen Mem. Park Glen Burnie, Md.							
24	4. FUNERAL DIRECT	OR	ADDRESS	25g. REC'I	RY REGISTRAR 2Stran BISTRAL	R'SIGNATURE		
	Richard	d V. Singleto	n Glen Burnie	, Md. MAR	TO IOM	00		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03017 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. STATE a. COUNTY MARYLAND Maryland Anne Arundel c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 4 mon. 6 das. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and campletely filled in YES NO TO 1322 N. Caroline Street Crownsville State Hospital 4. DATE Middle Year 3. NAME OF Last DECEASED (Type or print) #33674 DEATH Berry Walter 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Dovs Hours WIDOWED DIVORCED 5/29/94 Male Negro 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of wark dane 11. BIRTHPLACE (County & State, or fareign country) 10b, KIND OF BUSINESS OR COUNTRY? edse during most of working life, even if retired) INDUSTRY USA Ohio Unknown
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ennings George Berry Address 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Yes Hospital Records Unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) lower signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Organizing Bronchopneumonia, marked both lobes IMMEDIATE CAUSE (o) ottending physicion. DUF TO burial, Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse as the hos been 19. WAS AUTOPSY PERFORMED? YES XX NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Brain Syndrome associated with Cerebral Arteriosierosis TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (County) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While ATTENDING at wark 3/6/\_\_\_, 167\_, that (I) (we) last 10/26/\_, 19.66, to\_ 21. I certify that (I) (this haspital) attended the deceased fram , and that death accurred at :30 M, from causes and on the date stated above 1967 directar, page 3 shauld shauld be filed with the 3/6/ saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 3/6/67 PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland NAME (Type) C. Dorkan, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23a. BURIAL CREMATION, VR A15 (4) 20 M 1/66 r brolinget

S THEOREM ALVE HEURDEL ... THANKS CARTAGON CARTAGON AND APOCIS 314GANSUH 1400 ISTED 10 HERRIPOLIS KLURSING HOUS BESTE MARCH 1 C. CLARA EDVA DC 27 1856 800 FEMALE WHITE MARYLAND U.S.A HOUSEWIFE HOME WILLIAM E GROOMS JOHNA PEDDISH HARRY A. BESTE # 2 What is a first the contract of the A service of the serv RCHARD I. HOCHMAN 39 TRANKING ST. HUMBPOLIS WID BURIBL 3-4-1967 CEDBR HILL CEM BROOKLYN A A CO. FD

THE MILES SONS ANDREWS LIDE SAR BE BEET WAS THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03019 requires that the death certificate be executed within 24 haurs after death sly filled in by the funeral oon papers. Pages 1 and 2 within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Crownsville vr. 2 mos Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital NO F 531 N. Patterson Park YES ond completely fill 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED (Type or print) #34412 Samuel Bivens 3/1 19 67 amy event, DEATH S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Manths Doys WIDOWED X 10/29/1881 Ma.le Negro DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most af warking life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please pup Retired Porter Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Unknown Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknawn) ((If yes give war ar dotes af service) 216-09-5047 Hospital Records No CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit buriol, cremati ONSET AND DEATH IMMEDIATE CAUSE (0) Pulmonary Embolism (?) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospitol or ottending physician. DUE TO Canditions, if any, which gave (b) Ca of the Prostrate rise to immediate cause (a), DUE TO as the prior to stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION be detoched for use State Dept. of Health NO XX C.N.S. Syphilis Latent : Chronic Brain Syndrome TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) at work ot wark 21. I certify that (I) (this haspital) attended the deceased fram. \_\_\_\_\_\_, 19<u>67</u> , that (I) (we) last 1966 3 shauld with the 1967, and that death accurred at 6:05 M, fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** 3/1/67 XX director, poge 3 should be filed w DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. Crownsville State Hospital 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) 3/6/67 Baltimore. Mt. Auburn Maryland ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 Charles A. Rice 661 W. Barre St. 20 M 1/66

AND SHOPS DESIGN THE VISIT OF SHOP WAS REPORTED TO A DESIGNATION OF THE PARTY OF TH ENAMED TO BE A SECRETARION.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH by the funeral S. Pages 1 and 2 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), a. COUNTY b. COUNTY Maryland Prince Georges Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant Annapolis 4 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 6914 George Palmer Highway YES NO 3. NAME OF pou First Middle Lost 4. DATE DECEASED BLACKWELL, III David 19 67 Andrew March (Type ar print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) leose remove White DIVORCED Aug. 19, 1966 Male WIDOWED 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician pleose during mast af warking life, even if retired) INDUSTRY COUNTRY? Maryland Infant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew David Blackwell, jr Duling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Seat Pleasan (Yes, na, ar unknown) (If yes give wor or dotes of service signed by the atter burial-tronsit perm burial, cremotion, c Andrew David Blackwell Jr. 1B. CAUSE OF DEATH (Enter anly one cause per lipe) for (p); (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse os the prior to the hospital or ottending hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO XIX TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (Caunty) (State) Hour a.m. foctory, street, office bldg., etc.) Not While ot work 21. Leertify that (1) (this hasping) affended the deceased framt eb. 25 1967, that (1) (300x) last , 19 67, to Mar. 1 7 1967 \_, and that death accurred at\_ sow the deceased glive on which 25 M, fram causes and an the date stated above. 220. SIGNATURE 22b\_DATESIGNED STAFF ATTENDING DIRECTOR director, page 3 should be filed v Touch M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Antonio M. Rivera, M.D. SouthRivMedCent., Edgewater, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial 3/4/67 Congressional Washington, D.
RAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Melianter Lee Funeral Home Washington, D.C. DATE MAR 6 1967

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is necessary, director. Page EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 of 16 with the Sta

DEPUTY

VR A15ME 5M 1/62

recommendation and resemble and order

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Res PLACE OF DEATH b. COUNTY o. COUNTY Poge ond 3 to of MARYLAND delay i outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b b CITY DR TOWN (If outside corporote limits, 2, ond PM3. e. IS RESIDENC (If not in hospital, give street address) ON A FARM? Office along with form ND N State | Item 18. Give Pages 24 hours ofter deoth. 4 DATE NAME OF OF DEATH DECEASED MARCH IF UNDER (In years SEX 7. MARRIED NEVER MARRIED Months Dovs Hours DIVDRCED WIDDWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done inalite even if retired) d 'pending' in pencil in Chief Medicol Examiner's be executed within LOXOM File 17. INFORMANT 16 SOCIAL SECURITY NO. permit. (Yet Jo or waknown) (If yesigiye way or Jo within INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) udley This certificote should DUE TO farwarded to the dny Conditions, if ony, which gave (b) rise to immediate couse (a), DUF TO stating the underlying couse last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? or removol, NO DE pe 4 should be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. EXTERNAL CAUSE WAS 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH cremation, 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Not While ot work please execute 21. I certify that Ltook charge of the remains described above, held an Autopsy Inspection ond in my opinion Undetermined monner Accident Suicide Homicide depth resulted from Noting couses CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL the funerol O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) AYLDR SONS ANNAPOUS MD. D. MARTINS BURG 2Sa. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67

HERRECKIS HULTEPOLIS £ 47 867 tach 1984us - A A BLOXOM MIRROR 21 27 John P3 7981-91-8 MILE WHITE BE HOTZE BLOYOM VIRGINIA USA CLERK PERRY LEE BLOXOM DAMYE PARKS YES WWII PRESTON & PLORON BANTIMEE "19 William alerain January BURIAL 3/23/1967 ROSEDALE CEM, MARTINESURE W. VA JOHN PUTAVER SUE ANNARUS PLD

NAME (Type) ROBERT F. CULLEN, JR., MC

4/4/67

23b. DATE THEREOF

Hopping

HOPPING FUNERAL HOME -

M.D.

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Mational

Annapolis/

PHYS.

22d. ADDRESS

DAPR

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY PRINCE GEORGES e. IS RESIDENCE ON A FARM? YES NO X Month Day Year MARCH 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Upper Marlboro, Md INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X NO F (County) (Stote) 31 Mar, 19 6,7that (b) (we) last saw the deceased alive an 31 Mar 19 67, and that death accurred at 7:50 M, fram causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. X 31 March 1967 DIRECTOR KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD 23d. LOCATION (City or Town) (Stote) Baltimre 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1967

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220. SIGNATURE

23a. BURIAL CREMATION.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03024 CERTIFICATE OF DEATH 03016 The law requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY burial, crematian, or remaval, and in any event, within 72 haurs after MARYLAND Anne Arundel Maryland AnneArundel b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RARAL and give nearest dawn) 0.0. Linthicum d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hospital 200 E/ Benton Ave. NO K attending physician and campletely formit. Then please remave carbon NAME OF First Middle 4. DATE Lost Month Year DECEASED OF WILLIAM LOUIS BROWN 27 19 67 March DEATH 5. SEX 6. COLOR OR RACE 7. MARRIEO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdoy) Months Male White 14 Aug. 1905 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired (ret)A. A.CO. COUNTRY S. A. Police Cept Lansdowne, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William L. Brown Caroline V. (unknown) 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. George Brown -Balto. Mo. Circle (Yes, no or unknown) (If yes give wor or dotes of service 014-22-2665 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. OEATH WAS CAUSED BY: ONSET AND DEATH Coronor IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) ottended the deceased fram 11-2-4 , 19 6 6, ta , and that death occurred at M. from causes and on the date stated above saw the deceased alive on\_ 220. SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c. PHY ICIAN'S NAME (Type) University Hosp, Baltimore, Md. reages 230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burral (Specify) 3/30/67 Cedar Hill Cemetery Brooklyn, R.F.O. Md. 24. FUNERAL DIRECTOR AODRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Singleton Funeral Home/ Glen Burnie, Md. Misules Judge PAFAR 29 1967

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🔭 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 dedth requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I apd a. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) Annapolis 5 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2 Hull Avenue, Bay Ridge Anne Arundel General Hospital YES NO X please remove carbon par II. and in any event, within 3. NAME OF Middle First DATE Month Year DECEASED (Type or print) 167 BUCKLEY Madeline March Elizabeth DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last girthday) Manths Davs Haurs August 3, 1884 WIDOWED DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY Illinois attorney Gov't 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Maurice Buckley Johanna Enright 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-44-0419T Miss May B. Eastman cremation, no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) .. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Conditions, if ony, which gave (b) rise ta immediate cause (o), DUF TO for use as the b f Health prior to b stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While should be 21. I certify that (1) #this share in 4, 1967, that (1) (3004 last saw the deceased alive an 3 MARCH 1967, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE X DIRECTOR M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PKYSICIAN NAME (Type) Edward S. Beck. M.D. 73 Franklin St., Annapolis, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) Removal-Burial Mar. 5.1967 Olney Joseph's Catholic Richland 2Sb. RECHELLAR'S SIGNATION 2So. REC'D BY REGISTRAR Hopping VR A15 (4) 20 M 1/66 1987 HOPPING FUNERAL HOME Annapolis

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03026 CERTIFICATE OF DEATH

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rin 24 h filled in papers. thin 72 h	90		Mollwood Manes	(Paral) YES NO
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d with letely 1 arban nt, wit		0	DECEASED Type or print) Katherine Marie Burk	06 (1)
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and and		10a.	USUAL OCCUPATION (Give kind of work dane no most of Working life, every firetired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
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ath it.		(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or upknown) (If yes give wor or dates of service) 7.	1 D D D D D D D
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that the death certificate be executed within 24 an.  by the attending physician and campletely filled i transit permit. Then please remove arban pape crematian, or remayal, and any eyent, within 72			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAC BETWEEN
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日本世っち		8	OR CONTRIBUTING □ CAUSÉ OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYS ne has this ce etache Dept.	68.	3		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
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the second	9.5		saw the deceased alive on 1967, and the	at death accurred at 935 AM, fram/causes and an the date stated above
at of the state of			220. SIGNATURE	22b. DAJE SIGNED
OR ATTEI be retaine DIRECTOR: ge 3 shaul led with th	-		( Am Amile	I.D. PHYS. DIRECTOR PHYS. 3/11/7
0			22c. PHYSICIAN'S	22d ADDRESS
O HOSPITAL Page 4 may b O FUNERAL D director, pag shauld be file	1		NAME (Type) Ray M. Smith, M. D.	Hahn Professional Bldg., MSeverna Park
HOSPI Page 4 n FUNER director,	1	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
O HOSP Page 4 O FUNEI director shauld	0	ZJU.	RFMOVAL (Specify)	(Siole) + (Siole)
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	J	24.	EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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requires that the death certificate be executed within 24 hours after death

ATTENDING PHYSICIAN: The low

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Burial Mar. 30, 1967 Nt. Harmony Chr. Cemetery Owings.

ADDRESS. ADDRESS. 250. RECD BY REGISTRAR Calvert 24. FUMERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

23o. BURIAL, CREMATION, REMOVAL (Specify)

23b. OATE THEREOF

e IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNEO

23d. LOCATION (City or Town)

Mar. 29, 1967

NO

(State)

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12. CITIZEN OF WHAT COUNTRY?

IF UNDER 1 YEAR

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SHIPLAN SO, 1967 Mr. Murmony Car. Cometery Office, Calvert Ma.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE a. COUNTY b. COUNTY AACO. death. MARY! AND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ate Departm haurs after o Glen e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 2103 YES NO Item 18. Give Pages Office alang with NAME OF DECEASED 4. DATE Doy Year ChANCE 3 196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Manths Hours WIDOWED T DIVORCED female whi te event pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? pages l = cook restaurant Strausburg, Va.

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME pencil be executed within Idie Palmer pup John Mitchell IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 468 Oaktown Ave., 16. SOCIAL SECURITY NO. rd "pending" ir Chief Medical f permit. remayal John G. Chanev Odenton, Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for to), (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY crematian, ar IMMEDIATE CAUSE (o) certificate shauld e, writing the ward forwarded to the Cl DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO 0 stating the underlying cause SD lost. burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS' PERFORMED? NO X the certificate, Health or its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work gt work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry 1 and in my apinian death resulted from: Natural touses Accident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, tawn, ar county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify)
Burial March 8.1967 Patuxent Cemetery Odenton 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. BUNGAL DIRECTOR E. Hopping VR A15ME (\$) HOPPING FUNERAL HOME - Annapolis. 6M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 24 hours aft a. COUNTY Anne a. STATE b. COUNTY 12 th MARYLAND Ma Anne Amindel ס b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by an write RURAL and giva nearest town) Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE papers. Pag in 72 hours ON A FARM? YES NO TO 106 Buckingham Ave Buckingham Ave completely 3. NAME OF law requires that the death certificate be executed Middle DATE Month Year DECEASED OF (Type or print) DEATH 19 carbon with 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Days Min. Hours Female WIDO WED -DIVORCED Sept 10a. USUAL OCCUPATION (Giva kind of work physician Гетоме 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) MIT TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Unk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, por unkown) | (If yes give war or dates of service) Family Same attending physician. as been signed by the 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the burial-fransit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? as 0 YES NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from U.C. (1) (we) last State .19.62...., and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on.....? DATE 22a. SIGNATURE ATTENDING MED SIGNED STAFF PHYS. DIRECTOR PHYS. director, page death. Page 4 O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify Md 0 Cedar Hill Cem A A Co Buris 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b VR A15 (4) McCully Funeral Heme 237 Patapsco Ave 21225

The party of the party of TOOL or many State of the way the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03030 CERTIFICATE OF DEATH death. guo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Amundel Maryland papers. Pages 1 hin 72 hours after MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) 35 min. Arnold Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital Box 110 YES NO K NAME OF First Middle 4. DATE remove carbon Manth Day Year DECEASED COATES 22 67 March William (Type or print) Roman 19 DEATH IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) Months Days Hours Feb. 24, 1905 and in any Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign cauntry) 12. CITIZEN OF WHAT physician o en please during mast of working life, even if retired) COUNTRY? INDUSTRY Anne Arundel Co, Md Construction Labor
13. FATHER'S NAME II-S-A \*\*\*\* or removal, attending phys John Henry Coates Lavenia White 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 217-16-3049 Lula Price 20 Dorsey Ave Anna Md No \*\*\*\* crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o' be retained by the hospital ar attending physicion. DUE TO Canditians, if any, which gave rise to immediate cause (o). DUE TO for use os the b Health prior to b stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TY 20a. ACCIDENT WAS UNDERLYING [ 208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port(I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) O FUNERAL DIRECTOR: After this (County) (State) Haur o.m. factory, street, office bldg., etc.) 22 . 1967 . that (1) (300 last 21. I certify that (I) (this has also attended the deceased fram. be filed with the Mar. 22 19 67, and that death accurred at saw the deceased alive an\_ M, fram causes and an the date stated above. 22 a. SIGNATURE DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. M.D 22c. PHISICIAN'S 22d. ADDRESS NAME (Type) 110 Clay St., Annapolis, Richardson, M.DL Md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Carpenters Hill
ADDRESS Md Burial 3-25-67 Anne Arundel Co 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Muarley C.E. Hicks, 111 Annapolis, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY e. STATE b. COUNTY An e Arunde MARYLAND Marvland Anne Arundel b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours Glen Burnie Severna Park Davs ed ers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 草を North Arundel Hospita ND Y and completely remove carbon p Avenue YES certificate be executed within 3. NAME OF First Middle Last DATE Month Year DECEASED DF (Type or print) DEATH 1967 March 6. COLOR DR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Days Hours Whi te WIDOWED V DIVORCED TY 7, 1888 78 yrs. | II. BIRTHPLACE (County & State, or foreign country) physician and physician physician and physic = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, every if retired) INDUSTRY COUNTRY? Baltimore, Maryland J.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal been signed by the attending the burial-transit permit. Then or to burial, cremation, or remov 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, for unknown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate has been as the t DUE TD cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT certificate harbed for use of Health p ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) this certil detached f e Dept. of I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work DIRECTOR: Af age 3 should I lied with the S 196 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at CMM, from the causes and on the date stated above. 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR Page 4 may PHYS. O FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION 23h. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LODATION (City, town or county) (State) 2 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65 RRANC

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH NAME OF DECEASED TUDATE AND HOUR OF DEATH lef or Print) JOHN HENRY CORDES LACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY A. STATE ANNE ARUNDEL COUNTY FULL NAME OF (If not in hospital or institution, give street MARYLAND HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION filled NR. BROOKLYN BALTIMORE 33I ORCHARD AVENUE D. STREET ADDRESS (If rurol, give location) Completely 00 33I ORCHARD AVE. Car executed 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Unc If Under 24 Hrs. mave WIDOWED, DIVORCED (specify) lost birthdoy) MALE WHITE WIDOWED

10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR and BIRTHPLACE (State or foreign country) 12. CITIZEN OF POSTMAN

13. FATHERS NAME

JOHN

15. Was Deceased

(Yes, no or unknown)

TES

18. WHAT COUNTRY? done during most of working life, even if retired) U.S. POST OFFICE NEW YORK U.S.A. 14. MOTHER'S MAIDEN NAME JOHN P. CORDES UNKNOWN 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown)(If yes, give wor or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO WWI 30 6328 Mrs. Catherine Leschefsky 331 signed by the c burial-transit p ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES QS DISEASES OR CONDITIONS, if ony, giving certificate thed for us rise to the above couse (A) sloting the this central detached for UNDERLYING CONDITION last. ZID. TIME (Month) (Doyr (Teon (Hour IZIE, INJUKT OCCURRED OF INJURY Not While While At (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased from **DIRECTOR:** After ond that in (my) (our) apinion death occurred an the date O HOSPITAL OR ATTEND Page 4 may be retained ja i and hour and fram the couses stated above. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE 238 DATE SIGNED Attending FUNERAL 23 C PHYSICIAN'S 23D. ADDRESS director, 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) BURTAT. Long Island National Farminodale, New York VR A15 (4)
25M 1/67 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 3 0 1967 Ochanda O.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page death. MARYLAND Departmenta b. CITY OR TOWN (If autside carporate limits, RURAL one give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) after Burnel lese Jurne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olong with form 101- ald slope Rus ote NORTH. ACUNDEL. Has YES NO 3. NAME OF Middle 4. DATE Month Year Doy DECEASED CKIPGEK. 1967 W .3 25 (Type or print) \_\_ DEATH with t S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Serwer Examiner's U.S.A 14. MOTHER'S MAIDEN NAM pencil be executed within File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Same (Yes, no, or unknown) (If yes give wor or dotes of service) or removol, Georgia 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Candare Resease IMMEDIATE CAUSE (o) should crematian, DUF TO farwarded to the Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificote stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMEO? NO X ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that I took charge of the remains described abave, held an Autapsy Inspection , Inquiry 🖂 and in my apinion Natural causes 🔀 death resulted from: Accident Suicide | Hamicide Undetermined manner the funeral director. retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** E. LINDAR ST NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) 250. REC'D BY REGISTRAR Melanles VR A15ME (5) 6M 1/66 ome

MARYLAND STATE DEPARTMENT OF HEALTH

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03035 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel letely filled in by the fur carbon papers. Pages 1 nt, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1219 McKinley St., Anne Arundel General Hospital NO X YES completely fi 3. NAME OF Middle DATE Dov Year DECEASED DAVIDSON (none) 67 Frank (Type or print) March 19 DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED KX 9. AGE (In years IF LINDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH eose remove lost birthday) Months In any WIDOWED DIVORCED July 3, 1899 White Male gug 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? Scotland Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal WILLIAM 17. INFORMANT Address FREDAG. DAVIDSON 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the PRISET AND DEATH burial-transit IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital ar ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse loge s should be detached for use as the filed with the State Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO XX erume 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (NOSCONSONAL) attended the deceased fram ) We -19 65 to Mar. 23, 19 67 that (1) (2004) last M, fram causes and an the date stated above. saw the deceased alive an. March 23, 19 67, and that death accurred at 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (Stote)

TO FUNERAL DIRECTOR: After

24. FUNERAL DIRECTOR

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	PLACE OF DEATH o. COUNTY Anne	Arundel		MARY	LAND	2. USUAL RESIDENCE (V		sed lived, if institu b. COU	tion: Residence	befare adm	issian) del
	write RURAL and	f autside carparate limits give nearest tawn)	,	c. LENGTH OF STAY I		c. CITY OR TOWN (If au			JRAL and give	nearest tawr	1)
		AL OR INSTITUTION (If no andel General			5	d. STREET ADDRESS  Franklin 1			00	ON	RESIDENCE A FARM?
3.	NAME OF DECEASED	Fin		Middle		Last	4. DATE	Mor	ıth	Day	Year
	(Type ar print)	Samuel	K	emp	DAWS		DEATH	March	4		1967
S.	SEX Male	6. COLOR OR RACE	7. MARRIED [ WIDOWED 3	NEVER MARRIED  DIVORCED		DATE OF BIRTH  April 18	75	9. AGE (In years 91 birthday) yrs.	Months 1	Days Hau	IDER 24 HRS.  Jrs Min.
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	ring mast of warking l			USTRY Farm		11. BIRTHPLACE (County & State, or foreign country)  Churchton, Maryland  12. CITIZEN OF WHAT COUNTRY?  U. S.					
13	FATHER'S NAME			rarm		14. MOTHER'S MAIDEN NAME					
	William	DAWSON				SIMMONS,	MARI	GARET K			
		R IN U.S. ARMED FORCES? (If yes give war ar dates a	f service)	18 5782	1	FORMANT atherine Go	omolj	ak, 179	Defen	polis se Hg	, Md.
F	I IB. CAUSE OF DE	ATH (Enter only one cau								INTERVAL	
		H WAS CAUSED BY: IMMEDIATE CAUSE	Gnon	-negativ	e ser	oticemia			-1	ONSET AN	D DEATH eks
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	Conditions, if any,	which gave	(b) Chro	nic pyel	onepl	ritis				? ye.	ars
	rise ta immediate	e cause (a), (									
	stating the under	lying cause		gn prost	atic	hypertropl	hy			? ye	ars
_	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COM	NDITION GIV	EN IN PART 1(a)		19. WAS	AUTOPSY ORMED?
110	Cancer o	f stomach	, Inani	tion due	to	yelonephr:	itis	and car	cinoma	YES Y	NO XIX
FIG	20a. ACCIDENT WAS	UNDERLYING	205. DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature af injury in	Part I ar Pa	irt II af item 1B.)	orrnag		
ERI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL CERTIFICATION	20c. TIME OF INJU	IRY Manth, Day, Year		URY OCCURRED		E OF INJURY (Hame, farm		(City or town)	(Cau	nty)	(State)
MEC	Hour a.m	10	While at wark	Nat While at wark	facta	ry, street, affice bldg., etc.)	)		1056		
	21. I certif	thot (1) (this hos	pitol) ottend	ed the deceased	from	21 December	H-66.	to 4 Mar	ch_, 196	<b>7</b> , that (I	) (we) las
	saw the de	eceased alive on	March	19_67	and that	death accurred at	10:30	M, fram causes	and an th	e date sta	ited abave
	22a. SIGNATURE	1.0.1	· N.		11.19	ATTENDING	MED.	STAFF C	22b. DA	TE SIGNED	
		vancy	Vin	~~	M.D	PHYS.	DIRECTOR	L PHYS. L		arch	
	22c. PHYSICIAN'S NAME (Type)	Charles W	. Kinzé	r, M. D.		22d. ADDRESS O1	uth R gewat	er, Mar	dical yland	Cente 21037	r
23	o. BURIAL, CREMATIO	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR C			OCATION (City or T		County)	(State)
	REMOVAL (Specify)		67	Woodf	ield	)	G	plesuill-	e. Md		
2	4. FUNERAL DIRECTO	R	,	ADDRESS	, 0, 0	2Sa. REC'I	D BY REGIST		EGISTRAR'S SI	GNATURE	
-	TA Horde	dy, Gal	and!	le, My		DATEMA	K T 0	1967	Clark	By Jus	gra .

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**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death

EFTO SERA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY AnneArundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 240 B. Hilltop Lane NOXX YES 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED (Type or print) Clara DIMAGGIO 67 Francis March 19 DEATH COF S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TY **NEVER MARRIED** ave lost birthdoy) Months Aug. 5, 1912 White Female WIDOWED ren 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN ar remaval, INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), PONSET AND DEATH -transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o by the haspital ar attending physician. DUE TO signed burial-tr Conditions, if ony, which gove rise to immediate couse (o), DUE TO tar use as the t Health priartab stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work ot work 19) / to Mar. 9 1967, that (I) (XXX) last 21. I certify that (I) (this point) attended the deceased from be retained 19 67 and that death accurred at TO FUNERAL DIRECTOR: saw the deceased alive an Mar. 9 M, from couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. \_REC'D BY REGISTRAR



Manual Article Comment Liberty and Comment and Comment

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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Resident e. COWNTY b. COUNTY wands MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town after Rurel - ween Circhs d. NAME OF HOSPITAL OR INSTITUTION (it not in haritel, give street eddress) e. IS RESIDENCE ON A FARM? Loast (rusua papers. n 72 hou NO F completely NAME OF 4. DATE Yeer DECEASED OF (Type or print) DEATH event, within carbon 5. SEX NEVER MARKIED AGE (In years IF UNDER IF UNDER 24 MRS MARRIED and lest birthdey) Months Days WIDOWED DIVORCED Yrs. physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) den 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 and ARV 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address EllYRidgE FRANCE permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO affending Vascular disexce certificate has been Conditions, if any, which geve rise to Immediata cause DUE TO (e), steting the underlying burial, ceuse lest. the (c) the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 9 9 PERFORMED? CERTIFICATI NO prior use MUOCAVOIZ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) for After this Health detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) be retained factory, street, office bldg., atc.) While Hour e.m. Not While ō et work et work DIRECTOR: p.m 21. I certify that (I) (this hospital) attended the deceased from \$20.30 1966 10 MZ with we) las deceased alive on March 13. saw the SIGNATURE 22b. DATE ATTENDING SIGNE MED. death. Page 4 PHYS. DIRECTOR PHYS. M.D. page with t H SICIAN'S 22d. ADDRESS NAME (Type) filed v W. Lacher. Curtis Bay Coast Guard Yard, 21226 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY (Specify) 0.52 24 FUNERAL AURECTORS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A CONTRACTOR OF THE PARTY OF TH to the firm with the Late A Balline TORREST AND TOWN TO BE A SECOND The second secon the test with the start with A travel of the way and a second of of the there was the contract of the second The same of the sa esse produce (sold and sold as to a

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. USUAL RESIDENCE (Where deceased lived, if institution: Residence I. PLACE OF DEATH o. COUNTY 50 delay is MARYLAND the Stote Department c. LENGTH OF STAY IN 1b CITY OR TOWN corporate limits, write RURAL and give negrest town) and PM3 not in hospital, give street address) IS RESIDENCE ON A FARM? form 10 NO B in Item 18. Give Pages This certificate should be executed within 24 hours after death. along with DATE Dov NAME OF Middle Lost Year DECEASED DEATH (Type or print) IF UNDER 24 HRS SEX 6. COLOR OR RACE **NEVER MARRIED** Months Hours DIVORCED deoth. WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY ME during host of working life, even if retired haurs after the Chief Medical Examiner's 13. FATHER'S NAME pencil File 19C BROOKDALE GARDEN 17. INFORMANT permit. (Yes, no or ynknown) (If yes give wor or dotes of service within MARION H. WAHL BLOOMFIELD MERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line) for (o), (b) ond (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUF TO any Conditions, if ony, which gove rise to immediate couse (a). forwarded to .⊑ DUE TO stoting the underlying couse 0 and ds 19. WAS AUTOPSY PERFORMED? used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, NO X the certificate, pe should be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While Hour o.m foctory, street, office bldg., etc.) Your TO FUNERAL DIRECTOR: Page ot work please execute 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian far death resulted from Undetermined manner Accident Suicide Hamicide Natural causes funeral director. be retained CHIFF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type may the FORT LINCOLN PRINCE GEO 2So. REC'D BY REGISTRAR VR A15ME (5) TAYLOR SONS HUNAPOLL 6M 1/67

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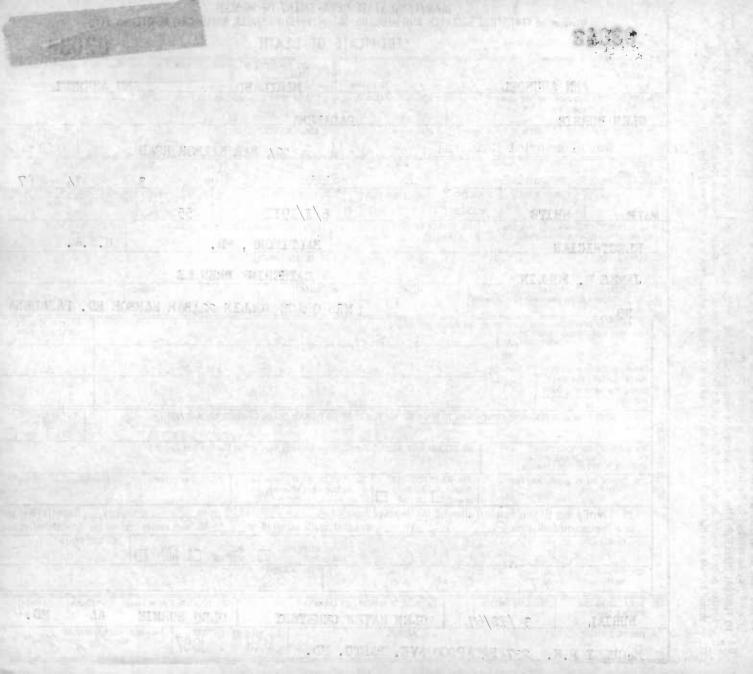
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	03040	CERTIFICATE		03031
funeral death	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	USUAL RESIDENCE (Where deceosed lived o. STATE  Maryland	d, if institution: Residence before odmission) b. COUNTY
requires that the death certificate be executed within 24 hours after deoth g physician.  signed by the attending physician and completely filled in by the funeral surial-transit permit. Then please remove carbon papers. Pages 1, and 2 burial, cremotion, or removal, and in any event, within 72 hours after death.	b. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Crownsville	c LENGTH DF STAY IN 16 8 days	c. CITY OR TOWN (If outside corporate limit  Severna Park d. STREET ADDRESS	02-1
n 24 h illed in popers.	d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital,  Crownsville State Hospi		d. STREET ADDRESS 4 Luna Lane	e. IS RESIDENCE ON A FARM? YES NO
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e execute ond comp remove (	S. SEX 6. COLOR OR RACE 7. MARRIED  Male White WIDOWED	DIVORCED 3	10st   18/16/91 76	
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OR ATTENC De retained SIRECTOR: A P 3 should ed with the	saw the deceased alive an 3/	cell 2	ATTENDING MED. P.	n causes and an the date stated abave 22b. DATE SIGNED 3/21/67
may be re RAL DIRE RAL DIRE 3 be filed w	22c. PHYSICIAN'S NAME (Type) L. Benedict, M.	D.	PHYS. LI DIRECTOR PSI 22d. ADDRESS Crownsville State	ms. =
O HOSPITAL OR ATTENDING P Page 4 may be retained by the O FUNERAL DIRECTOR: After thi director, page 3 should be det should be filed with the State D	23a. BURM, CREMATION; 23b. DAYE THEREOF REMOVAL (Specify)	23c. NAME DF CEMETERY OR C		
VR A15 (4)	24/FUNERAL DIRECTOR SCHOOL SCHOOL	ADDRESS Policy	25a. REC'D BY REGISTRAR DAMAR 2.7 1967	25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03042 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) funeral a. COUNTY o. STATE b. COUNTY ANN ARUNDEL event, within 72 haurs after MARYLAND MARYLAND ANN ARIINDEL be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) PASADENA GLEN BURNTE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i North Arundel Hospital NO T 221 BAR HARBOR ROAD YES 3. NAME OF remove carban First Middle Last DATE Day Year campletely DECEASED Danial 19 67 Follin (Type or print) DEATH IF UNDER 24 HRS. 5. SFX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED and in any WHITE MATE and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY U.S.A attending physician termit. Then please OR ATTENDING PHYSICIAN: The law requires that the death certificate BALTIMORE, MD. TIECTRICIAN

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, CATHERINE BRENDLE JAMES E. FOLLIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, na, or unknown) (If yes give war ar dates af service) MRS GRACE FOLLIN 224BAR HARBOR RD. PASADENA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending as the last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Health NO FUNERAL DIRECTOR: After this certificate g 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. factory, street, affice bldg., etc.) Not While at wark March 19/ Ithat (1) (we) last 1946 to 21. I certify that (1) (this haspital) attended the deceased fram Annal director, page 3 shauld should be filed with the and that death accurred at 71 M, fram causes and an the date stated above saw the deceased alive an 3 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) MD. GLEN BURNIE AA GLEN HAVEN CEMETERY I8/67 0 ADDRESS 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 McCULLY F.H. 237 PATAPSCO AVE. BALTO. MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03043 CERTIFICATE OF DEATH 03034 requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY. b. COUNT MARYLAND b. CITY OR TOWN (If outside congrate limits, write RURAL and give nedres) awn) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Boore within YES | NO X 3. NAME OF Middle remave carban First Last 4. DATE Manth DECEASED GARTLAND (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years Manths FEMANE WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT during making life, even if retired). **HNDUSTRA** physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, attending phys permit. Then p RONIN ARGARET 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** (Yes, no, or unknown) (If yes give war or dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ENSET AND DEATH Congestive HeartFailure IMMEDIATE CAUSE (o). signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be refained by the haspital or attending physician. DUF TO Canditions, if ony, which gave Hypertensive Cardio=Vascular Disease rise to immediate cause (a), DUF TO stoting the underlying cause has been SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Calculi Kidney NO XX certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) TO FUNERAL DIRECTOR: After this Haur o.m. factory, street, affice blda., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram NOV. , 1964 , to Mar. . 19 67 that (I) (we) last saw the deceased alive an Mar 13 1967, and that death accurred at 12:30 M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 3-15-67 22d. ADDRESS Severna Park, Md. 22c PHYSICIAN'S NAME (Type) Francis I. Codd M.D. directar, pa shauld be f 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (Coupty) (State) RPMOVAL (Specify) PONERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 25M 1/67

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Items 18&21 Film 388 4-25 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. SIAIE Maryland o. COUNTY Anne Arundel County, b. COUNTY Anne Arundel Co. 0 Deportment of 2, ond 3 roge PM3. Poge MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURA) and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie 111111 d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? This certificate should be executed within 24 hours after deoth. If a ricote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medicol Examiner's Office along with form North Anne Arundel Hospital 133 Dorechester Rd. Stote YES NO 3. NAME OF Middle First 4. DATE Lost Month Doy Year DECEASED M. Ethel 18 George (Type or print) March 19 DEATH permit. File pages 1 and 2 with S. SFX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months TAT WIDOWED X 72 hours after death DIVORCED 21,1899 DEC. 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? Uwn Home Baltimore, Md. LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM (Unknown) (unknown) Riebert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) within (Unknown) Mr. William R. George (Son) Same as #2 No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-tronsit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease YOUR YOU (by exclusion) ony Conditions, if ony, which gove rise to immediate couse (a). .⊑ DUE TO stoting the underlying couse ondi last be used 19. WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificote, YES T NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should should b crematian, or PRIMARY I or CONTRIBUTING I CAUSE OF DEATH files. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) moy be retained far yaur FUNERAL DIRECTOR: Poge of work ot work 21. I certify that I taak charge of the remains described obave, held on Autopsy [X]. Inspection . Inquiry , ond in my opinion Natural causes X. Accident Suicide . death resulted fram: Homicide Undetermined monner funerol director. 5 moy be retaine
TO FUNERAL DIRE
Heofth prior to be CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. March 19,1967 DEPUTY MEDICAL EXAMINER Werner U. Spitzk **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Merch 21,1967 Glan Haven Memorial Pk. Glan Burnia, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Melanles 6M 1/67 Glen Burnie, Md. Richard V. Singlaton

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comprate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville 9 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore i and completely filled in by e remove carbon papers. I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 06 2423 E. Fayette Street YES NO IX Crownsville State Hospital 3. NAME OF Middle 4. DATE Lost Dov Year DECEASED (Type or print) #34803 Gibson 67 DEATH Carl IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y lost birthdoy) Months Doys Hours WIDOWED DIVORCED 2/7/26 Male White 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physicion a COUNTRY? during most of working life, even if retired) INDUSTRY USA Bartender
13. FATHER'S NAME Tennessee. 14 MOTHER'S MAIDEN NAME Annie Ed Gibson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. Address Hospital Records Yes Unknown 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove Chronic Alcoholism rise to immediate couse (a). DUF TO stoting the underlying couse hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION use YES 🗌 NO TO FUNERAL DIRECTOR: After this certificate Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN Poge 4 moy be retoined by the hospital 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Not While foctory, street, office bldg., etc.) of work ot work pe 3/21/, 19 67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. \_\_\_\_, 19\_67 , ta\_ 1967, and that death accurred at 12:500, fram causes and an the date stated above. saw the deceased alive on 3/21/ director, page 3 sho should be filed with 22b. DATE SIGNED 220 SIGNATURE ATTENDING STAFF 3/21/67 K DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Marvland Benedict, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) ELLICO )ELLICO 3-25-67 FNUESSEE EMETERY 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR BUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03046

CERTIFICATE OF DEATH

03037

00020		0.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admission)
o. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne	Arundel
b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
Annapolis D.O.A.	RURAL - Annapolis	2.1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
(Dead on arrival)  Anne Arundel General Hospital	31 Bay Drive, Bay Ridge	YES NO NO
3. NAME OF Bennefished Sol Middle Co	1det sast 4. DATE Month	Day Year
		23 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	June 22, 1892 last birthday) Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR		ZEN OF WHAT NTRY?
during mast of working life, even if retired)  ret. accountant  U.S. Gov't.	New York	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Israel Merelman	Emma Eisler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service)  16. SOCIAL SECURITY NO.	INFORMANT 11 Stehle 34dress	
ves W.W. I none Be	rnard Legum Annapolis, Marylan	nd
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiae aunt		ONSET AND DEATH
4201 DUE TO	0	
Conditions, if ony, which gave (b) Cleurs corang	Vacabous	Truin.
stating the underlying cause DUE TO	1	
lost. (c) Conenary as try	selviens	10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
No.		YES NO XX
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 1B.)	
(IF CHIFICK, NUTIF / MEDICAL EXAMINEK)	LACE OF INJURY (Hame, farm, 20f. (City or town) (Coun	nty) (State)
Hour a.m. While Nat While	actory, street, office bldg., etc.)	ity) (state)
p.m., orwark work work	1 10/2 1 7/10 1/ 10/1	1 . /// / / /
21. I certify that (I) (XXXXXXXIII) attended the deceased framsaw the deceased alive an	nat death accurred at M, fram causes and an the	
22a. SIGNATURE	9:40 AM 22b. DAT	
John alts dum	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DISCOURS DIRECTOR PHYS.	3/67
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) John L. Hedeman, M.D.	1407 Forest Drive, Annapolis	, Md.
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City or Town) (6	Caunty) (State)
Burial Mar. 26,1967 Adas Israel		D.C.
24 Beverley E. Hopping Hopping Funeral Home Annapolis. Mary	ZSa. REC'D BY REGISTRAR ZSb. REGISTRAR'S SIG	
Hopping Funeral Home Annapolis, Mary	and DMAR 27 1987 Icharle	) Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun ral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any evert, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH o. COUNTY Anne Arundel  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Crownsville State Hospital  Crownsville State Hospital  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville State Hospital  Unknown  3. NAME OF First Middle  I STREET ADDRESS  Crownsville State Hospital  Unknown  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years por thing)  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. MIDUSTRY  IDO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Domestic  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Domestic  11. BIRTHPLACE (County & Stote, or foreign country)  Unknown  12. USUAL RESIDENCE (Where deceosed lived, if institu o. STATE MARYLAND  Maryland  C. CITY OR TOWN (If outside corporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If outside carporate limits, write RU Maryland  C. CITY OR TOWN (If o	JRAL ond give neorest town)    30 4     e. IS RESIDENCE ON A FARM? YES NO
Crownsville State Hospital  S. NAME OF DECEASED (Type or print) #05301 Annie Gray DEATH  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH OST DISTRIBUTION OF SUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)	e. IS RESIDENCE ON A FARM? YES NO  1th Day Year  3 15 1967  IF UNDER 1 YEAR 1F UNDER 24 HRS Months Doys Haurs Min.  12. CITIZEN OF WHAT COUNTRY?
Crownsville State Hospital  S. NAME OF DECEASED (Type or print) #05301 Annie Gray DEATH  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH OST DISTRIBUTION OF SUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)	e: IS RESIDENCE ON A FARM? YES NO  1th Doy Year  3 15 1967  IF UNDER 1 YEAR 1 TF UNDER 24 HRS Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
Crownsville State Hospital  S. NAME OF DECEASED (Type or print) #05301 Annie Gray DEATH  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH OST DISTRIBUTION OF SUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)	ON A FARM? YES NO THE NOTE OF
3. NAME OF DECEASED (Type or print) #05301 Annie Gray DEATH  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Female Negro WIDOWED 7. DIVORCED -/-/77 90 yrs.  100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Domestic  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	3 T5 1967  IF UNDER 1 YEAR 1F UNDER 24 HRS Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
Comparison   Com	IF UNDER 1 YEAR   TF UNDER 24 HRS   Months   Doys   Hours   Min.
Female Negro WIDOWED ? DIVORCED — -/-/77 Po yrs.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Domestic  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Domestic  13. FATHER'S NAME  10b. KIND OF BUSINESS OR INDUSTRY  Unknown  14. MOTHER'S MAIDEN NAME	COUNTRY?
Domestic Unknown  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME	
Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addr	229
(Yes, no, or unknown) (If yes give wor or dates at service)	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Pneumonia, Congestive Heart Failure	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia , Congestive Heart Failure	ONSET AND DEATH
J J DOE 10	
(b) Hypertensive Cardiovascular Disease	
stoting the underlying couse DUL 10	
lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
Chronic Brain Syndrome secondary Cerebral Arteriosclerosis  20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)	PERFORMED?
205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.)  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.)  206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work o	(County) (State)
21. I certify that (I) (this haspital) attended the deceased fram 5/3/ , 19.37, ta 3/	15/, 19 <u>67</u> , that (I) (we) la
saw the deceased alive on 3/15/ 1967, and that death accurred att: 30AM, from causes	22b. DATE SIGNED
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR TO PHYS.	3/21/67
22c. PHYSICIANS  NAME (Type) T. Benedict M. D. (Crossmaryillo State Hospi	ital, Maryland
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or To	own) (County) (State)

24. FUNERAL DIRECTOR

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RYLAND STATE DEPARTMENT OF HEALTH

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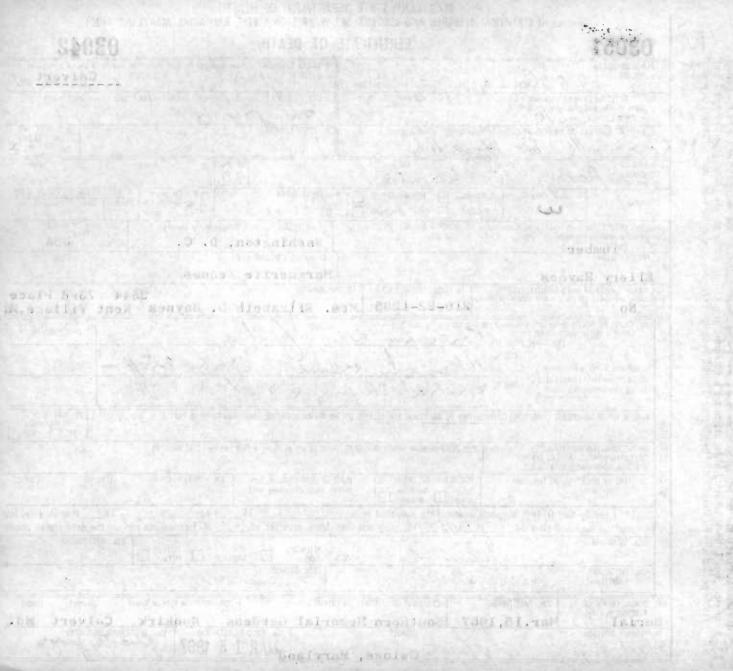
Surface that, 20,1567 Relatione Hattonal Con. caltimore, Reryland Co.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 EDICAL EXAMINER'S CERTIFICATE OF DEATH 03040 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATEMaryland b. COUNTY Anne Arundel 2, and 3 ta PM3. Page Anne Arundel MARYLAND Tand 2 with the State Department b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) Glen Burnie Glen Burnie d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form 360 Gaylor Rd. North Arundel Hospital YES NO This certificate shauld be executed within 24 haurs after death. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED BURNARD HAMLETTA March 25 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months death. Male. Negro WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, expif retired) **INDUSTRY** File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 haurs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event \ PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute ethylism IMMEDIATE CAUSE (o) the word DUE TO any Conditions, if ony, which gove rise to immediate couse (a). e certificate, writing the should be farwarded ta 2 DUE TO stating the underlying couse and lost be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? remaval, certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld 10 PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Nat While at work ot work Partial 21. I certify that I taak charge of the remains described above, held an Autopsy X Inspection . Inquiry and in my opinion FUNERAL DIRECTOR: death resulted fram: Natural causes X. Accident Suicide Hamicide Undetermined manner the funeral director retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE pe DEPUTY MEDICAL EXAMINER 3-25-67 Charles S. Springate, M.D. **EXAMINER'S** Health 1 Address (Street, city, town, or county) NAME (Type) BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) Stote) 0 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb VR A15ME (5) 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03051 requires that the death certificate be executed within 24 haurs after death. filled in by the funeral name of the following section of the following sections in the followin death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Beach NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X pon NAME OF Middle First Last 4. DATE Month Dov Year campletely DECEASED 2344 6.7 19 (Type or print) DEATH COL IF LINDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months last birthday) Days Hours 6. 25.30 WIDOWED DIVORCED in any and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? USA Washington, D. C. Plumber
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Marguerite Zennes Ellery Haynes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 44 17. INFORMANT 16. SOCIAL SECURITY NO. 73rd Place (Yes, na, ar unknawn) (If yes give war ar dates of service) 216-22-1255 Mrs. Elizabeth D. Havnes Kent Village, M 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO O FUNERAL DIRECTOR: After this certificate far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (Caunty) Hour o.m. Not While foctory, street, affice bldg., etc.) 21. I certify that (this haspital), attended the deceased fram. 19\_\_\_\_, that (I) (we) last and that death accurred at\_ M, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S BENEDICT NAME (Type) directar, shauld 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Mar.15.1967 Southern Memorial Gardens Dunkirk Calvert Md. 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Longe VR A15 (4) Owings, MarylandMAR 20 M 1/66 unella



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03052 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence efore odmission) a. COUNTY o. STATE b. COUNTY MARYLAND delay State Department CITY OR TOWN (If autside carparote limits, write RURAL and give peorest lown) c. LENGTH OF STAY IN 1b c. CITY OR TO outside corporate limits, write RURAL and give nearest town) 0615 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDR form in pencil in Item 18. Give Pages NO V This certificate shauld be executed within 24 hours after death. along with NAME OF First Middle DATE Last Month Day Year DECEASED the 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED birthday) Months Davs Hours 72 haurs after death. WIDOWED DIVORCED Office CV land 10g. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired INDUSTRY RU COUNTRY? Examiner's 13. FATHER'S NAME MOTHER'S MAIDEN NAME File INFORMANT WAS DECEASED EVER UVUS. ARMED FORCES? 16. SOCIAL SECURITY NO the certificate, writing the ward pending in (If yes give war or dates of service) #2 220 event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fory(o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Conditions, if any, which gove rise to immediate cause (a), .= DUE TO stoting the underlying cause 0 and SD WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO R pe 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING 5 CAUSE OF DEATH. crematian, MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 20f. Hour a.m. factory, street, affice bldg., etc.) VOUL While Not While FUNERAL DIRECTOR: Page please execute ot work 21. I certify that I took charge of the remoins described above, held on Autopsy Inspection 7 Inquiry |and in my opinion burial, deoth resulted Notural couses Accident Suicide Homicide Undetermined monner funeral director. retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** May Health NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION 0

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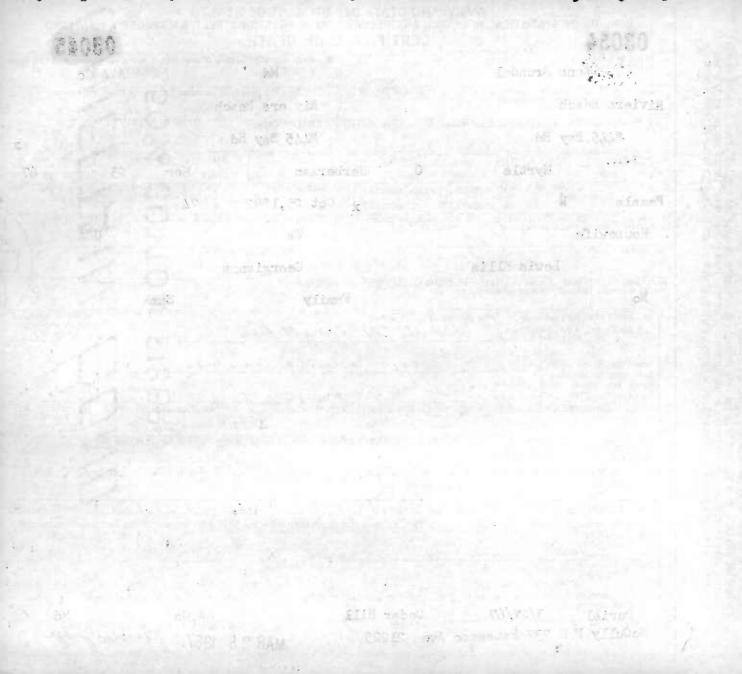
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03053 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNT b. COUNTY MARYLAND b. CITT) OR JOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR MACE IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Doys Hours WIDOWED [ DIVORCED | popers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT-COUNTRY during plost-of sperking life, even if retired) death carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY SUDDEN IMMEDIATE CAUSE (o) ony Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (Stote) (County) foctory, street, office bldg., etc.) 0. m. While Not while of work of work . 1960, to MARCH , 1967, that I lost sow the deceased 21. I certify that I attended the deceased from APRIL o x o ADDRESS (Street, city or town, state) DATE SIGNED 2934 MOUNTAIN ROAD PASADENA, MD. 21122 NAME (Type) 220. BURIAL CREMATION 22c MANE OF CEMETERY OR GREMATORY 22d. LOCATION (City town or county) REMOVAL (Specify 0 S. FUNERAL DIRECTOR'S GIGNATURE DORESS VS A15 (4) 15M 9/SS

to the control of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	03054	N OF STATISTIC	MAF CAL RESI	RYLAND STATE EARCH AND RECO CERTIFIC	RDS	PARTMENT OF , 301 W. PRESTO E OF DEATH	N STRE	TH ET, BALTIMO	ORE 1, 1	MARY	LAND	
1.	a. CDUNTY	Anna Arunde		MARYLA	ND	2. USUAL RESIDEN a. STATE Md	CE (Where	deceased lived, If in b. COU	stitution:	Residence	before ad	mission)
	b. CITY OR TOW Rivier RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Riviera Beach										
1_		SPITAL OR INSTITUTION Bay Rd	N (if not in	hospital, give street add	ress)	d. STREET ADDRESS 8445 Bay				-	DN A F	
3.	DECEASED (Type or print)	Myrtle		Middle O I		Last	4. DATI	3.5	h 23	Day		67
	sex Female	6. CDLOR OR RACE	WIDOWE	DIVORCED	_   _	Oct 25,189	2	AGE (In years last birthday) yrs.	Months	Days	Hours	24 HRS Min.
	nousewi	.ie	done 10b.	KIND DF BUSINESS OR INDUSTRY		Va		te, or foreign country		USA	DF WHAT	1
1	3. FATHER'S NAM	Lewis E				14. MOTHER'S MAIL						
(Y	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16	SOCIAL SECURITY NO.		INFORMANT emily		Addre Same	SS			
	PART I. DI	IMMEDIATE CAUSE  OUE  any, which Immediate	(a) TD (b)	line for (a), (b), and (c).  If ale Les  Anterior	,	mellotu luote V	ias w	1 au	do "	ONS	RVAL BET ET AND D 1947	EATH
CERTIFICATION	cause (a), s underlying cause PART II. DTHER S	se last.	(c)	OCCUPING TO DEATH BUT NOT	T RELAT		DISEASE CO	NDITION GIVEN IN	PART 1(a)		WAS AUT	TDPSY MED? NO
	OR CONTRIBUTION (IF EITHER, NO	WAS UNDERLYING  ING CAUSE DF DEAT TIFY MEDICAL EXAMIN	IH (ER)	DESCRIBE HOW INJURY								
MEDICAL	Hour a.r		Year 20d. While at wo	Not While		E DF INJURY (Home, fa y, street, office bldg., e		(City or town)	(Co	unty)	(\$1	tate)
		ceased alive on 3 RE Leut (C) RN'S VPE)		ded the deceased from 19 (7, and		death occurred at 2		STAFF	and on 1		e stated ENED	
23	REMOVAL (Spe	1 3/27/	HEREOF 67	23c. NAME OF CEMI Cedar H: ADDRESS AVE 21225			C'D BY REG	OCATION (City, to	OWN OF CO		(Sta	ite)
_			-1200	······································		MAK	28 1	967   400	-, 0	0	0	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Poge 9 of after deoth. MARYLAND ond 3 Deportment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY DR TOWN (If autside corporate limits, write RURAL and give nearest tawn PM3. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? hours Office along with form Item 18. Give Pages YES | NO hours after death. 3. NAME OF Middle 4. DATE First Manth Day Year DECEASED DF 6 (Type or print DEATH 23 19 S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED pirthday) Manths Haurs WIDOWED DIVDRCED and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) **INDUSTRY** COUNTRY 3 poges ] in any \_\_ Examiner's PLMAN 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME and NOUN 16. SOCIAL SECURITY NO 17. INFORMANT Address be executed permit. (Yes, na, ar unknown) (If yes give war ar dates af service removal. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch certificote should cremotion, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse 05 last. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate NO K 0 YES 20a. EXTERNAL CAUSE WAS INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) ogent, prior PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Hame, farm, 20c. TIME OF CINJURY, Manth, Day, Year (City ar tawn) (County) (State) Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page MACO MO at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry 7 Inspection and in my apinion death resulted from: Suicide . Matural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Ludbast 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City ar Town) (State 0 REMOVAL (Specify) 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sh. REGISTRAR'S SIGNATURE VR A15ME (5) Milanelan 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03057 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before principal) 1. PLACE OF DEATH o. COLINTY o. STATE b. COUNTY deoth. M.M.CO. MARYLAND Department b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside comprote limits, write RURAL and give negrest town) after Hen Burnie - kel en BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) STREET ADDRESS IS RESIDENCE ON A FARM? hours D.O.A-NORTH AKUNDEL- Nas WASHINGTON.AV. ote NO Item 18. Give Pogo Office olong with 3 NAME OF First Middle Lost 4. DATE Month Year DECEASED BERNAND 3 8 (Type or print) 19 DEATH with S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED lost birthdoy) Months Hours 2/13/12 WIDOWED DIVORCED event 24 hours 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? TRUNDEL d "pending" in pencil in Chief Medicol Exominer's ony be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ardio-vasevler- discesse IMMEDIATE CAUSE (o) certificate shauld cremotion, DUE TO Conditions, if any, which gove 10 rise to immediate couse (a). DUE TO stoting the underlying couse torwarded lost. buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge Not While ot work 21. I certify that I taak charge of the remains described obove, held on Autopsy Inspection , Inquiry X ond in my opinion death resulted fram: Natural causes 74 Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ( the funerol pe DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 3-8-67 Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREO! (County) 0 REMOVAL (Specify) HALL'S CHURCH VARLEY 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ASb. REGISTRAR'S SIGNATURE 123 W. MONTGOMERY VR A15ME (5)

1	(A)	1	2.54	DIVISION OF \	MARYLAND /ITAL RECORDS, 30		RTMENT OF HI I STREET, BALTIA		LAND 21201		
1	(M)		03058				OF DEATH			DNOS	
Y	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please reprave carban papers. Pages I and with the State Dept. of Health priar to burial, crematian, or removal, and in physician, within 72 haurs after death		1. PLACE OF DEATH o. COUNTY	Co.		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived, if institution b. COUNTY	Residence before of	odmission)
	executed within 24 hours after additional and campletely filled in by the further produce carbon papers. Pages 1 provent, within 72 hours after		b. CITY OR TOWN (If our	nearest 10wn)		F STAY IN 1b	ENDE	outside corporote	limits, write RURAL	02-1	
	filled ir papers thin 72	00		NSTITUTION (If not in h			d. STREET ADDRESS			e. ( YES	IS RESIDENCE ON A FARM? S NO
	e executed withing and campletely freprove carban nanyevent, with		3. NAME OF DECEASED (Type or print) S. SEX	RutH		ldle	HUSE	4. DATE OF DEATH	Month 3	28	Year 1967
	and camp	/	F	W	IDOWED D	IVORCED	9-13-18	98 6	last pirthdoy) A	Months Doys	Hours Min.
	equires that the death certificate be physician. signed by the attending physician ar burial-transit permit. Then please ruburial, crematian, or removal, and in		10o. USUAL OCCUPATION (Give during most of working life, e	e kind of work done ven if retired)	10b. KIND OF BUSINES HOUSEWI	FE	CADYU	ty & Stote, or fore	gn country)	12. CITIZEN OF W	/HAT
	certific ng phys Then p tmoval,		LUMAN	L. LA	YHEE		14. MOTHER'S MAIDEN	TIE	FIEFIE	LD	Quit.
	attending permit. The		(Yes, np, or unknown) (If ye	s give wor or dotes of serv		VA	FORMANT 49 HAN	H. H	Address 4	#2	
	that the an. by the ransit p		18. CAUSE OF DEATH PART I. DEATH WA	IMMEDIATE CAUSE (a)	Cerebra	Il Her	corche	ee (	Masier	INTERV	AND DEATH
	OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the standard by the standard be detached far use as the burial-transitied with the State Dept. af Health priar to burial, cremand		Conditions, if ony, which	se (a)	arteres	selin	the Hi	est	Disen	ec unt	moun
	ittending las been seas the being priar to be		stating the underlying lost.	) (c) _	witin	NH	ypen	ensi	on.		
	ar atter are has r use as	2	2	ANT CONDITIONS CONTRI						19. WA PEI YES	AS AUTOPSY RFORMED? NO
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar at TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached far use shauld be filed with the State Dept. of Health		20c. TIME OF INJURY M Hour o.m. p.m.	19	20d. INJURY OCCURRE While Not Whil at wark ot work	e 🔲 foctory	OF INJURY (Hame, for y, street, office bldg., et		City or town)	(County)	(Stote)
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	be reft be reft DIRECT ge 3 skilled with		22c. PHYSICIAN'S	y Sty	khins)	M.D.	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	3-18.	-1967
	Page 4 may O FUNERAL adirector, pag shauld be fill	1	NAME (Type) W	LLIAM D	STEPHEN		38 COR,		T. ANN	PROLIS	MD
	F = 5		REMOVAL (Specify)  24. ( UNERAL DIRECTOR )	3-31-6	7 ST. ADDRI	HUNE	= '5	HI	TION (City or Town)	(County)  STRAR'S SUGNATURE	MD.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03059 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) dear o. COUNTY b. COUNTY. papers. Pages I hin 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town POL13 e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADDRESS YES NO W NAME OF pan ¥ Middle Lost DATE Month Year DECEASED MARCH ACKSON DEATH any event SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Jast orthdoy) Months Dovs Hours WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in please during most of working life, even if retired) INDUSTRY physician APOLIS HOME 13. FATHER'S NAME burial, crematian, ar remaval, LINDEN BORN CHRISTIAN ARRELL 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give wor or dates of service MARTIN T. JACKSON 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse priar tak FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use Health 1 NO C YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) with the State Dept. af OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 of work pe 21. I certify that (1) (this hospital) attended the deceased fram. 1960 1967, that (1) (we) last and that death accurred of 195 PM, fram causes and an the date stated above. saw the decreased alive an 3 220. SUNATURE 1 M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY CATION (City or Town) (Stote) (County) APOLIS 0 25h REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

争级等。 6. 35.6 MARYLAND LINE HOUSE PAUL AROBER HUNDAPOLIS HUR APELIS AULABOUS NURSING HOME 104 LUCE CREEK DRIVE MARGUERITE É. VACKSON MARCH 24 87 FEMME WHITE V 3EPT 1, 1888 48 HOUSEWIFE HOME PRINTS MD US JAMES A. FARRELL CHRISTIAN LINDEN BORN 213-22-0331 MARTIN T. JACKSON 4 2 NO

BURIAL MARZO, MA CEDAR BLUTF HULLAFOLIS LID

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03061 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY delay is and 3 to of Maryland P.M3. Poge Anne Arundel Anne Arundel MARYLAND and 2 with the State Department b. (ITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Gien Burnie c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Glen Burnie d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Office olong with form North Arundel Hospital Jones Road YES NO T be executed within 24 hours ofter death. I bending" in pencil in Item 18. Give Poges NAME OF First Middle Last DATE Month Dov Year DECEASED JOSEPH **JOHNSON** 19 (Type or print) DEATH March 19 67 IF UNDER 1 YEAR | LIF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs deoth. Male Negro WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY the Chief Medical Examiner 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH in ony event Multiple Extreme Injuries. IMMEDIATE CAUSE (o) writing the word MEDICAL EXAMINER: This certificate should DUE TO Canditians, if any, which gave (b) to rise ta immediate cause (a), DUE TO stoting the underlying couse 0 forwarded puo SD last used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removol, CERTIFICATION please execute the certificate. YES X NO pe 20a. EXTERNAL CAUSE WAS PRIMARY ★ ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 3 should plnods 0 Pedestrian struck by auto CAUSE OF DEATH. cremation, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) factory street, affice bldg., etc.) YOUR While Not While FUNERAL DIRECTOR: Page at wark Md. 3/19 A. A. 1967 Page at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry , and in my apinian for buriol death resulted fram: Natural causes Accident X Suicide Homicide funeral director. Undetermined monner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE 3/20/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Health Address (Street, city, town, or county) NAME (Type) Charles S. Petty 23g BURTA CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATOR 23d OCATION (City or Town) (County) 0 PEMOVAL Specify) 256 REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15ME 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03062 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY REPRESENTATION OF THE PROPERTY OF TH o. STATE b. COUNTY Anne Arundel MARYLAND the b. CITY OR TOWN (If autside carparate limits C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Glen Burnie 2 days Glen Burnie. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled 1819 Lansinfg Rd. YES NOX NAME OF Middle First Last 4 DATE Month Doy Year DECEASED 1967 16 (Type or print) Johnson DEATH March Car Oscar S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years remove 3-29-05 last birthday) Months Hours W and in ony WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during mast af working life, even if retired) Retired United the attending physician isit permit. Then please Indana States Welder Allis-Chalmers 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, John Johnson Anna Flick IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Same as 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) #2 Yes 1943-45 304-14-2459 Mr. Ivar H. Johnson (Brother) cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p burial, crematic PART I. DEATH WAS CAUSED BY ONSET AND DEATH tein elevatic IMMEDIATE CAUSE (a) by the hospital or ottending physician DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO tar use os the t f Heolth prior to b stoting the underlying cause we later of selevin has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or otte NO YES 🗀 TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFP MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at work at wark certify that (1) (this haspital) attended the deceased fram March (6, 196), to March 16, 196), that (1) (we) last director, page 3 should should be filed with the weel 16 19 67, and that death accurred at 5: P M, from causes and an the date stated above. the deceased alive on 22b. DATE SIGNED 22g ASIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 3727 ANN APOLIS Balto 27 RHYSKIAN'S AD' NAME (Type) 1672 NONTHBOURNE RD Balto 12 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) March 20/67 La Porte. Indiana Carmel Cemeterv 24. FUNERAL DIRECTOR **ADDRESS** 25b/ REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Funeral Home Glen Burnie, Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03063 CERTIFICATE OF DEATH ond 2 deoth. requires that the death certificate be executed within 24 hours after death. the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel ompletely filled in by the fur ve corbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Annapolis C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Severna Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Anne Arundel General Hospital 219 Holland Rd. NO X 3 NAME OF First ICT 4 DATE Month Doy Year completely DECEASED 1967 David JOHNNTON Humphrey March 20 (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours White Male July 5, 1921 WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease lease during most of working life, even if retired) COUNTRY? physician ( S. Maryland rolling 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physical price of the price of or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) cremation, PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO ed far use as the be of Health prior to b stoting the underlying couse hos been lost. OR ATTENDING PHYSICIAN: The low 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INIURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year TO FUNERAL DIRECTOR: After this Hour 'o m factory, street, office bldg., etc.) at work at work 196) to March 20, 19 67 that (1) band last 21. I certify that (1) (this transpired attended the deceased fram. Poge 4 moy be retained M, from causes and an the date stated above. saw the deceased alive an . 3/ , and that death accurred at 220. SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v PHYS. 22c. PHYSICIAN'S ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION DATE THEREO! 23c. EMOYAL (Specify) FINERAL DIRECTOR REC'D BY REGISTRAR ADDRESS VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. COUNTY STATE b. COUNTY Anne Arundel Maryland MARYLAND dy the State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3 Huntington d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General This certificate should be executed within 24 haurs after death. I loate, writing the ward "pending" in pencil in Item 18. Give Pages YES NO alang with 3. NAME OF Middle Lost 4. DATE Month Year DECEASED Waymond **JONES** (Type or print) D. DEATH 19 67 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 19st birthdoy) Months Hours DIVORCED July 8-Office Male Colored l and 2 ? yrs. hours after deat 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roland Jones Dorothy Skinner 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Medical permit. (Yes, me, or unknown) (If yes give wor or dotes of service) event within 216-30-4512 Charlotte Jones. Huntingtown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the Chief burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Hemothorax IMMEDIATE CAUSE (o) DUE TO in any Conditions, if ony, which gove Laceration of aorta rise to immediate cause (a), farwarded ta DUE TO 0 stoting the underlying couse pup Blunt injury of chest OS (c) WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal, please execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld Page 4 shauld crematian, or **EXAMINER:** CAUSE OF DEATH Passenger in auto which ran off road while making curve 7:00 Hour XXXX 3 31 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While DIRECTOR: Page While 19 67 31 A.A. Md. ot work at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry and in my opinian burial, MEDICAL the funeral directar. death resulted fram: Accident X Natural causes Suicide T. Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ţ0 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE FUNERAL TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 4-2-67 may RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 230. BARIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 4-6-67 Patuxent Ch.Cem. Huntingtown Cal Md. 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67

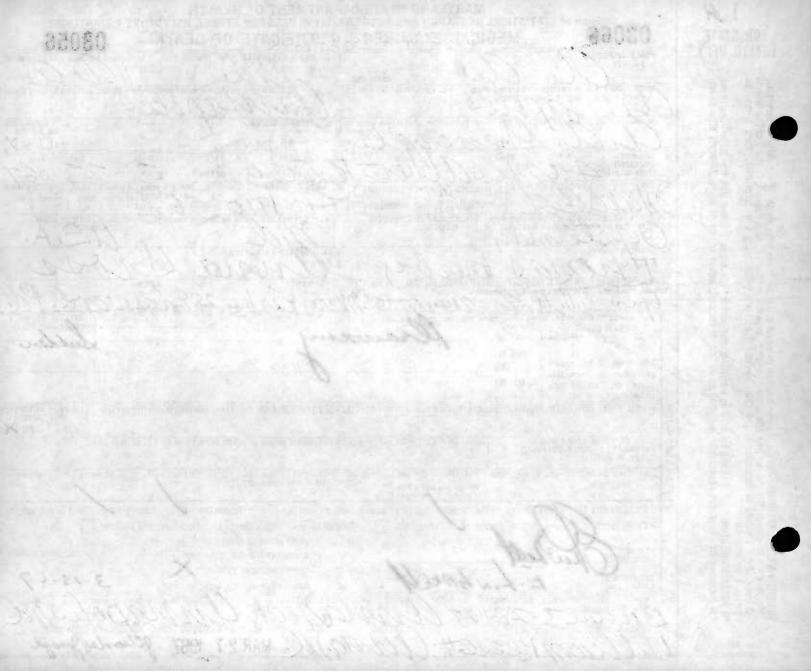
03054 Ante de la Republica de la companione de ET TY -B VIND TO VIND THE THE THE THE the Lyra .... Territor Interest - REDEL Sector Abi the authors, senot bill frank first or ore series upt the size of base into our phillips of day at regularies the it it is recognitionity and the control of the little

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03065 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 haurs after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYI AND b. CITY OR TOWN (If outside corporate limits, icion and completely filled in by the leose remove corbon papers. Poges ond in ony event, within 72 hours aft c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 3 Hours GLEN BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO KIMBROUGH ARMY HOSPITAL 303 GEORGIA AVENUE NE 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED (Type or print) ROBERT FRANCIS KING MARCH DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdov) Months 2 FEB 1902 MALE WHITE WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion a during most of working life, even if retired) **INDUSTRY** COUNTRY 3SA JACOBS CREEK, PA Serviceman retired U.S.ARMY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, FRED KING MARGARET MOHR signed by the ottending burial-tronsit permit. The burial, cremation, or reme 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes, of service)
Yes 6/24/24-6/30/65 16. SOCIAL SECURITY NO. 17. INFORMANT Address Glen Burnie, Md 218-36-4551 Emma King(wife) 303 Georgia Ave, NE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSEL AND DEATH HEMORRHAGE INTO LEFT CHEST & ABDOMINAL CAVITIES IMMEDIATE CAUSE (o) by the hospitol or attending physician DUE TO ANEURYSM OF AORTA 6 YEARS Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse hos been prior to ATHEROSCLEROSIS AND/OR LUES 20 YEARS OS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY ed for use of Health p PERFORMED? YES X NO certificate 20o. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Poge 4 moy be retained by the h 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) WED Hour o.m. While Not While of work foctory, street, office bldg., etc.) of work ATTENDING 21. I certify that (#) (this haspital) attended the deceased from 15 March 1967, to 15 March 1967, that (#) (we) lost director, page 3 should should be filed with the saw the deceased alive on 15 March 19 67, and that death occurred at 4:20 M, from causes and on the date stated above. 22h. DATE SIGNED 220 SIGNATURE ATTENDING STAFF PHYS. 15 March 1967 DIRECTOR PHYS 22d. ADDRESS KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD NAME (Type) BERNARD T. KRAVITZ, CPT, MC 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burial (Specify) 20 March 67 Glen Haven Memorial Glen Burnie 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Kirkley Funeral Home, Glen Burnie, Md.

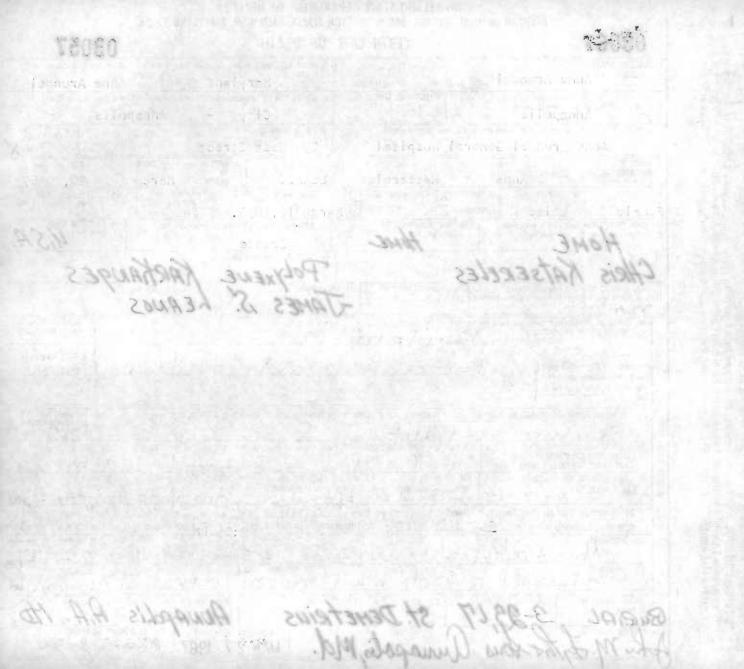
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14	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03066 THE MEDICAL EXAMINER'S GERTIFICATE OF DEATH 03056
HEALTH BEPT.	1. PLACE OF DEATH    2. USUAL RESTORME (Where deceased lived, If Institution: Residence before admission)
	MARYIANO MARYIANO
ssan unera ay b trine death	d. NAME OF HOSPITAL OR NOSTITUTION (If not in hospital, give street address)  C. C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
he fu 5 m 5 m	d, MAME OF HOSPITATION (If not in hospital, give street andress)  d. STREET ADDRESS  e. IS RESIDENCE
ny delay is necessary, and 3 to the funeral M3. Page 5 may be the State Department 72 hours after death.	
delay and 3 Sta Sta hour	3. NAME OF - First Widdle 4 4 last 4 4 DATE Month Day Year
any 2, a PM3 r 72	OF CTYPE OF PRINT OF MENCEPULAR REPORTS OF THE STATE OF T
with with	5. SEX 6. COLOR OR RADE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 244HRS. Hours   Min.
Page th feath	MIOOWED DIVORCEO 7 O 9 yrs. 100,05UAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. SURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ter death. If ar Give Pages 1, 2 g with form P 1 and 2 with i	105. OSUAL OCCUPATION (Give kind of workdone IOb. KIND OF BUSINESS OR UNDUSTRY)  11. SURTHPLACE (State or foreign country) IOD. KIND OF BUSINESS OR INDUSTRY)  12. CITIZEN OF WHAT COUNTRY)
ours after 18. Ge along pages lin any	13. FATHER'S MAME
hour ice le pa	Thomas times and will will
4 within 24 hor pencil in Item miner's Office permit. File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If wes give war prolates of service)
vithi encil iner's	1 JB. CAUSE OF DEATH [Enter only one cause per line for (5), 4b), and (c), ] INTERVAL BETWEEN
ted v in p sxam sxam sit p or re	PART I. DEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND, DEATH
recuing"	OUE TO LEADING
be ey pend Medic Irrial-	Conditions, If any, which gave rise to immediate (b)
ould "ief N	cause (a), stating the OUE TO
icate should be executed the word "pending" in the Chief Medical Exaused as a burial-transit to burial, cremation, or	
the the use to t	YES ND ND
certi iting led t d be orior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES ND  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
EXAMINER: This certificate should be executed within 24 hours after death. If any delath certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. If lies.  STOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St designated agent, prior to burial, cremation, or removal, and in any event within 72 ho	
e for age	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work fet work fet work
AMIIN Page Nate AMIIN	21. I certify that Took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
EXA he ce shoul files. TOR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Dice to the tree to your REC its d	CHIEF MEDICAL EXAMINER   ACTUAL  ACTUA
TY MEDICA execute t r. Page 4 d for your RAL DIREC	OEPUTY MEDICAL EXAMINER
Pury Se e stor. Thed NER ealth	EXAMINER'S Address (Street, city, town, or county)
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files.  TO FUNERAL DIRECTOR: Page of Health or its designated	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, town or county) (8) ate)
	24. FUNERAL, OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	William Reesett UMG-MEDATMAR 27 1967 golovies Judge



		IARYLAND STATE DEPA RECORDS, 301 W. PRESTO	RTMENT OF HEALTH N STREET, BALTIMORE, MARYLAND 21201	
deoth.	03067	CERTIFICATE	OF DEATH	03057
Ī	a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution of STATE b. COUNT	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Annapol I S	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR/	polis 02-/
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Anne Arundel Genera		d. STREET ADDRESS 294 West Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) G. SEX  6. COLOR OR RACE 7. MARRIED	Middle Katsereles Never Married   B	Last	20, 1967 IF UNDER 1 YEAR   IF UNDER 24 HRS.
) F			arch 16, 1893.   Jost birthdoy) 74 yrs.   11. BIRTHPLACE (County & State, ar fareign country)	Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME LUDIC KATSEPELEC	FILME	14. MOTHER'S MAIDEN NAME POLY THE KARKE	NOFC
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates of service)	SOCIAL SECURITY NO. 17. II	FORMANT Address AMES S. LEANOS	5
	IB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	r (o), (b), and (c).)	13	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	rtorated	gastric ulce	P years,
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  FRACTURE VOL	Mile		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CEDITICION	20a. ACCIDENT WAS UNDERLYING  20a. ACCIDENT WAS UNDERLYING  20a. CONTRIBUTING  20a. COLOR (IF EITHER, NOTIFY MEDICAL EXAMINER)	Fell gettin	Enter nature of injury in Part I or Port II of item IB.)	n Q M (Stote)
MEDIC	20c. TIME OF INJURY Manth, Day, Year 20d. While p.m. 3 - 14 19 67 of war 21. I certify that (I) (this haspital) atter	e Nat While facta	E OFTINJURY (Hame, form, logic, etc.) Annabolis	Anne Arma (Stote)  Anne Arma (II) (we) lost
	saw the deceased alive on 3 -6		death accurred at 9:25 Maram causes a	nd an the date stated above.  22b. DATE SIGNED
Sirould be lifed will life Sible Dept. Of Health prior to boriar, defination, or ferrovol, one	22c. PHYSICIAN'S HAVE (Type) Have 16 B	alleron M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	3-22-67
2	23a. BURIAL, CREMA/ION, 23b. DATE THEREOF, REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION (City or Jow	n) Journ (Stare)
BP 2	24. FINERAL DIRECTOR	ADDRESS M	25a. REC'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
	1 / /// // //	1000/10	- <b>1</b>	<i>U</i> -×



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRES

CEDTIEICA

IU	M 21K	EEI, DALIIMO	KE, MA	KILAND ZIZUI				
TE	OF	DEATH			n	303	58	
	2. USU	JAL RESIDENCE (V	Vhere dec	eosed lived, if institut	ion: Resider	ice before	e odmissio	n)
	0. 5	STATE MG	1.	b. COUN		7.4	,	,
	c. CITY	OR TOWN (If you	tside corp	orate limits, write RUF	RAL ond giv	e neores	t town)	
		Alla	dy	side		02	-/	
	d. STR	EET ADDRESS	/				e. IS RESID ON A FA YES	
the	erb	Cry Ury	4. DATI OF DEA	Maria	h	2004	Yea	7
1 "	. DATE	OF BJRTH		9. AGE (In yeors 72st birthdoy) yrs.	Months Months	1 YEAR Doys	Hours Hours	24 HRS. Min.
		RTHPLACE (County Shadysic		foreign country)	12. C	TIZEN OF DUNTRY?	WHAT	
		other's Maiden i		Nowell				
7. 1	NFORM.	ANT		Addre	ss Md.			
	Lu	ther Lea	ther	bury, Sha	dysid	e,		
in/	or ce	Fin					ERVAL BETY SET AND D	
ia	rt.	Clock				4	ear	
le	ils	farctio	in			14	carr	
0 1	HE TERM	INAL DISEASE CON	DITION G	IVEN IN PART 1(o)		Ø 19.	WAS AUTO PERFORME S	PSY D?
D. (	Enter no	iture of injury in 1	Port I or F	Port II of item 1B.)				
		JURY (Home, form t, office bldg., etc.)		. (City or town)	(Co	unty)	(5	itate)
1			9_5	ta range 2 M, fram causes			at (I) (v e stated	
		ENDING 🛶				ATE SIGN		1 100

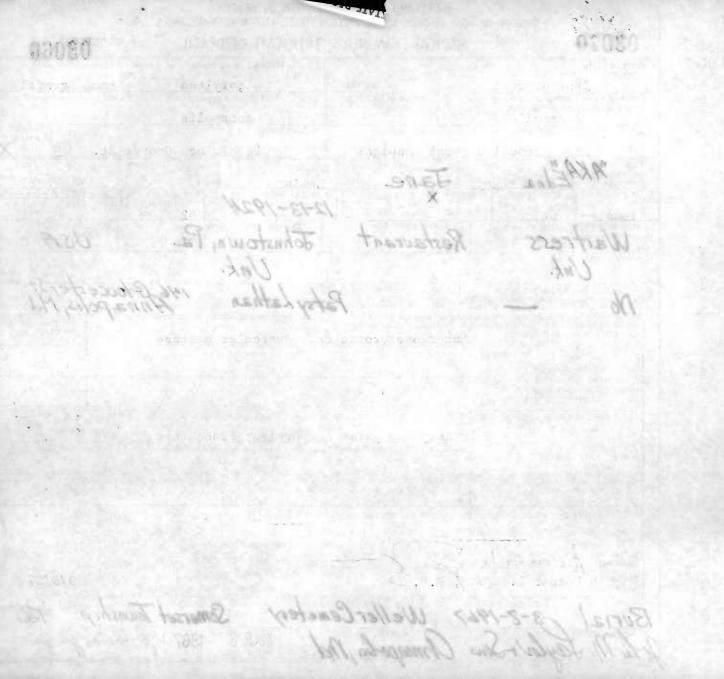
	00000	CENTITICATI	L OF DEATH		113/15	R
1.		Treende ( MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	eosed lived, if institution b. COUN		odmission)
	b. CITY OR TOWN (If outside corporate lin write RURAL and give nearest town)	mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside corpo	orate limits, write RUR	AL and give neorest	town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF	f not in hospital, give street address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? ES NO
L	NAME OF DECEASED (Type or print) Anna Ma	affilda Middle Leath	herbury 4. DATE OF DEAT	H Marci	h 22	Year. 1967
1	Female White		8. DATE OF BIRTH 2/26/95	9. AGE (In yeors 72st birthdoy) yrs.	Months Doys	Hours Min.
10 du	lo. USUAL OCCUPATION (Give kind of work do uring most of working life, even if retired) Seam stress	one 10b. KIND OF BUSINESS OR Sewing	Shadyside, Md		USA CITIZEN OF	WHAT
	Robert Murray Leat		14. MOTHER'S MAIDEN NAME  Minnie Virginia			
19	5. WAS DECEASED EVER IN U.S. ARMED FORCE (es, no, or unknown) (If yes give wor or dote no	16. SOCIAL SECURITY NO. 17. 212–28–6375–4	Luther Leather		s Md. lyside,	
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAU	ISE (0) Myseardial an	facetion			RVAL BETWEEN T AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o),	(b) Conflote A-V-lie	art block		GR	are
	lost.	whiterier myocard	il enfarction	WENT AND DARKE IV.	ye.	WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO	v/		YES	PERFORMED?
L CERTIF	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture af injury in Port I or P	ort II of item 1B.)		
MFDICAL	p.m.	19 While Not While of work of work	ACE OF INJURY (Home, form, etcry, street, office bldg., etc.)	(City or town)	(County)	(State)
	saw the deceased alive an_	paspital) attended the deceased fram		M, fram causes o	and an the date	
	220. SIGNATURE	Forth M	A.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED	6/67
	22c. PHYSICIÁN'S NAME (Type) Willard	IF. Smith, MI)	22d. ADDRESS Shara	y Side	Med.	
1	30. BURIAL, CREMATION, BURIAL (Specify) 23b. DATE 3/25/	67 Woodfield	Ga	COCATION (City or Town	Id.	(Stote)
	24. FUNERAL DIRECTOR  Bernard Hardesty G	ADDRESS Galesville.Md.	25q. REC'D BY REGIS	STRAR 25b. REC	GISTRAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03069 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence b. COUNTY Anne Arundel o. COUNTY o. STATE Anne Arundel MARYLAND Maryland CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Annapolis 11 hr. 10
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) RURAL - Crownsville 1 hr. 10 min. d. STREET ADDRESS e. IS RESIDENC ON A FARM? Anne Arundel General Hospital Rt-1, Box-201 YES ond completely fi remove carbon in any event, with 3. NAME OF DECEASED Middle DATE First Last Month Day Year Mary Rose LEEDY (Type or print) March 19 67 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Days Hours DIVORCED Nov. 8. 1895 White WIDOWED Female ond 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working-life, even if retired INDUSTRY COUNTRY? Maryland 13. FATHER'S NAM signed by the ottending physi buriol-transit permit. Then pl buriol, cremation, or removol, 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Canditions, if any, which gave (b) rise to immediate cause (o), DUF TO stating the underlying cause the PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES certificote 2Dg. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Haur o.m. While Not While factory, street, office bldg., etc.) ATTENDING 21. I certify that (I) (this haspital) attended the deceased fram 19\_\_\_\_, that (1) \$300) last Poge 4 moy be retained and that death accurred at saw the deceased alive an 3 ... M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3/8/67 DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Severna Park, Md. BURIAL, CREMATION DATE THEREOF (State) REMOVAL (Specify) FUNDRAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

a to the second second In the same of the of two one - Delle - Ches Di rel 1 105-and the house of the Latence to the course of the cour If I say it had a war a stant a place . The same Language

MARYLAND Some DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY delay is and 3 to Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM d. STREET ADDRESS along with form 53 NO X Anne Arundel General Hospital 248 Prince George St in Item 18. Give Poges 4. DATE NAME OF WA DECEASED / OF DEATH 187 Lewis IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** 9. AGE (In years lost birthdoy) Months DIVORCED WIDOWED Office female white within 72 hours ofter deot 12. CITIZEN OF WHAT pencil 13. FATHER'S NAMI 14. MOTHER'S MA This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Chief Medicol unknown) (If yes give wor or dotes of service pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH buriol-tronsit event PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) writing the word Conditions, if ony, which gove rise to immediate couse (o), be forwarded to = DUE TO stoting the underlying couse dS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal. CERTIFICATION the certificote, NO Pulmonary emphysema and prulent bronchitis 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work ot work please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes X. Accident Suicide Hamicide Undetermined manner funeral director. be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 3 prior DEPUTY MEDICAL EXAMINER 3/5/67 Werner U. Spitz, Health Address (Street, city, town, or county) NAME (Type) 0 VR A15ME (5) 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03071 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY A b. COUNTY MARYLAND the death certificate be executed within 24 haurs after physician and completely filled in by the c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, (If batside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn) en Burne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) papers. within 72 ON A FARM? YES NO Z NAME OF Middle DATE Day Year DECEASED ELORIS 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE (In years 7. MARRIED NEVER MARRIED last bythday) Months Dovs Haurs any V DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 9 during most of working life, even if retired) COUNTRY? **INDUSTRY** andi Houseur 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAM 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (o) signed by physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been priar ta last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health NO D YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Nat While ot wark at work pe 21. I certify that (1) (this hospital) attended the deceased fram // 196 /, that (1) (we) last 1962, and that death accurred at Zing M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING PHYS. TO HOSPITAL Page 4 may b ADDRESS NAME (Type) directar, should b 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Baltimore, Md. 3/28/67 Loudon Park Cemetery Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Howard H. Hubbard Funeral Home 4107 Wilkens Ave VR A15 (4) Charles 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

B	03072			CERTIFIC	CATE	OF DEATH	TE 1		nanka	3
	PLACE OF DEATH				2	. USUAL RESIDENCE (	Where deceose			re admissian)
. 0	o. COUNTY	Anne Arun	del	MARYLA	AND	a. STATE	vland	b. COUNT	Anne A	rundel
Ь	. CITY OR TOWN (	If autside carparate limit		T c. LENGTH OF STAY IN	-	CITY OR TOWN (If ou	M.	e limits, write RURA		
	write RURAL and	give nearest town)	-,						ac did give incore	-/
		apolis		3 days	100	RURAL	- rage	water	03	- IC DECIDENCE
		AL OR INSTITUTION (If n				. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Ar	ne Arund	lel General	Hospi	tal		Rt-3,	Box-78	30		YES NO
	NAME OF	F	irst	Middle		Lost	4. DATE OF	Manth	Da	
(	Type ar print)	Ella		Althea		MARTIN	DEATH	March	2	19 67
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	ATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HR
	emale	White	WIDOWED	DIVORCED			8	\$685 yrs.	Manths Days	Haurs Min.
	USUAL OCCUPATION	(Give kind of work dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or for	eign cauntry)	12. CITIZEN O	FWHAT
doni	ing most of working	me, even il terited)	li li	IDUSTKI		PRINCE WM (	20:	Virginia	COUNTRY	
13.	FATHER'S NAME		01		1	4. MOTHER'S MAIDEN	NAME	- /		
	F.	1/	Stell	JENS	100	P	D.	Steve	LNS	
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INF	DRMANT		Address		
(Yes	s, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service)	7-30-2417	JOHN	R. Martin	Cili	ER SPRIN	n Md	
		ATH (Enter anly ane ca			TOHL	N. III BICITO	12110	Ch John		JERVAL BETWEEN
	331X Canditions, if any rise to immediat stating the under	e cause (a),	(0)	relied b	esce	les (A	read	ert	4	SET AND DEATH
	last.	)	(c)		TED TO THE	TODAY DISPLACE CO.	IN IT ON A DIFF	1 11 0407 1/ 1		WAS AUTOPSY
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	IED IO IHE	TERMINAL DISEASE COI	NDITION GIVEN	I IN PAKI I(0)		PERFORMED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	SCRIBE HOW INJURY OCC	URRED. (En	er nature af injury in	Part I ar Part	11 of item 18.)		
MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. I While	Nat While		OF INJURY (Hame, farn street, affice bldg., etc.		(City ar tawn)	(County)	(State)
	21. I certi	fy that (I) (thisches	saitada atten	ded the deceased for	ram	1/11	1965 Tto	March	2, 1967, 1	hat (I) (seed I
	saw the d	eceased alive an_	March !	2, 19.67, ar	nd that d	eath accurred at	M	, fram causes a		
	220. SIGNATURE	11/1	14	Vien	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	MED
	22c. PHYSICIAN'S	and Cl	169	1		22d. ADDRESS	DIRECTOR		1/1/0/0	)
	NAME (Type		. Hoch	man, M.D.		59 Frankl	lin St.	, Annapo	lis, Md.	
23g	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMET	ERY OR CRE	MATORY	23d. 100	CATION (City or Taw	n) (County	y) (State)
17	REMOVAL (Specify	MARC	46.196	THILL PES	tCe	ncture	ANI	AFOLIS,	MU	
24.	FUNERAL DIRECTO		1	ADDRESS	١٨.	2So. REC'	D BY REGISTRA	AR 25b. REG	POLESIGNOW	RE Cudall
1	1/2	A. L 121	2.0.).	An Auronale	is //	DITT.	MAR 7	1967	For House	10

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital ar ottending physician.

VR A15 (4)

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/_ 1 (NA)	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RVIAND
FOR STATE	03073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3063
HEALTH DEPT.	1. PLACE OF DEATH  a. CONNY  A. CONNY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If, institution: Re  o. STATE JATY JANG  D. FOUNTY  MARYLAND	sidence before admission)
belay in cessary, and 3 to the funeral Page 5 may be State Department hours after death.		and give nearest town)
to the ge 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not Inchospital, give street address) d. STREET ADDRESS Shore ham Beach Rd.	e. IS RESIDENCE ON A FARM? YES NO
delay ind 3 1. Pa 5. Stat hour	3. NAME OF First Middle Last 4. DATE Month	Day Year
any c 2, ar PM3.	(Type or print) OIIN F. MCCARTER DEATH 3	1967
er death. If an sive Pages 1, 2 with form P 1 and 2 with event-within	Male White WIDDWED DIVORCED JULY 17, 1890 Jest Birthday) Months	
Give P Give P g with 1 and y even	during post of working life, even if retired) CIVIL Service Mayor Maryland CO	UNTRY?
m 18. Gi	13. FATHER'S NAME LOUIS MC Carter Laura Merchant	
iin 24 ho iii in Iten r's Office iit. File wal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not of unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MCCarter Address 2	
d within 2 n pencil in aminer's C permit. removal,	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN DNSET AND DEATH
ecute ng", in al Exi ransit on, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  H344  DUE TD  DUE TD  DUE TD	
uld be executed d "pending" in ef Medical Exar a burial-transit , cremation, or	Conditions, If eny, which gave risa to immediata (b) Caldille (McCles)	
hould ord hief I hief I s a b	underlying causa last. (c)	Leo INAO AUTODOV
ficate shoot the word of the Chia	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page riles.  **Ton: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State I designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and designated agent, prior to burial.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	7000
R: This certificate, writing forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   4	nty) (State)
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
the constant should be signed by	death resulted from; Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ry Medica execute to Page 4 d for your RAL DIREC	SIGNATURE DEMEAUELL M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type)  EXAMINER'S Address (Street, city, town, or county)	3/1/67.
TO DEPUTY please e director. retained TO FUNER of Health	233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTERY OR CREMATORY 23d. LOCATION (City, town or countries) 23d. LOCAT	Md.
VR AISME (5)	24 FUNDAL DIRECTOR JOHN JOHN JOHN JAMESS MA, DATE MAR 3 1967 Miles	s signature
1/00		

Since Chief Anne Arundel Harland Hime Annales Kurst- Mayo Rural- Mayo Shoreham Beach Rds Shoreham Beach Road JELY 12 1890 76" Male White x Boatbulder ContServee Mayor Maryland USA Laura Herchant Louis McCarter Louis McCarter -#2 Burral 3-4-1967 Hope Chopd Orte M. Turker Love Chronorts, Mrt. will a set MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Residence before odmission)

e. IS RESIDENCE ON A FARM?

X NO

Year

1967

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO

(Stote)

(Stote)

an the date stated above DATE SIGNED

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Melineles

2So. REC'D BY REGISTRAR

1967

	0307	*		CERTIFIC	CAIE O	F DEATH			0	306	4
	PLACE OF DEATH o. COUNTY AY	ne Arundel		MARYLA		SMaryland		sed lived, if institu b. COU	tion: Resider	nce before	odmissio undel
		If outside corporate limit		C. LENGTH OF STAY IN		ITY OR TOWN (If ou		ote limits, write RU	RAL ond giv	e neores	town)
		deivendares / Gler			-	fillersvi	lle,		6	12-1	
		TAL OR INSTITUTION (If no	,	e street oddress)	d. :	STREET ADDRESS					e. IS RESII ON A F
	North A	rundel Høsp	pital		F	Rt. 2 Box	201				YE5
	NAME DF DECEASED (Type or print)	Carl	rst	Middle W.	McLa	lost ine	4. DATE DF DEATH	man	th/	Doy	Ye
S. :	Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED DIVORCED	8. DA	1E OF BIRTH 9-20-00		9. AGE (In yeors lost birthdoy) yrs.	IF UNDER Months	Doys	Hours
duri	ing most of working	N (Give kind of work done life, even if retired)	INDU	O OF BUSINESS OR JSTRY	11	. BIRTHPLACE (County	& Stote, or fo	oreign country)		ITIZEN OF OUNTRY?	
	Retired FATHER'S NAME		Du	Pont Co.	14.	MOTHER'S MAIDEN	ryland NAME	1		[	I.S.A
	Ben	jamin McLe	ne			Me	arv E	Longest			
15. (Ye	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. SC	5-09-7809	17. INFOR			Addr	ess	s 2	
		EATH (Enter only one country one COUNTRY WAS CAUSED BY:   IMMEDIATE CAUSE	10	), (b), ond (c).)	alar	muy	hice	ency			ERVAL BET
	Conditions, if ony	DUE  , which gove )	(b) leve	u Puls	man	1 Fare	Mice	Then		172	164
	rise to immedio stoting the unde		1	· M.t	- /	0.	15				0
	last.	)	(c)	ac own	alful	Graway	02	sarl		73	04/
NO	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE T	PMINAL DISEASE CON	NDITION GIV	EN IN PART 1(o)		19.	WAS AUT PERFORM ES
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter	noture of injury in	Port I or Po	rt II of item 18.)			
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19	20d. INJ While ot work	Not While		INJURY (Home, form treet, office bldg., etc.)	)	(City or town)		ounty)	
		ify that (I) (this has		ed the deceased f	ram	-16-	1967	ta 10 -3	1 -, 19	67,11	nat (1) (
		leceased alive an_	3-3/	19.67, ai	nd that de	ath accurred at	10 A	M, tram causes			
	22o. SIGNATURE	Telando	and	2		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		DATE SIGN	/ .
	22c. PHYSICIAN' NAME (Type		T. OHE	RLIHY	MD		NTRA	7	flen	Emm	in
230	BURIAL, CREMATI REMOVAL (Specif	y)		Glen Have				OCATION (City or To	- 1	(County	) (5

ADDRESS

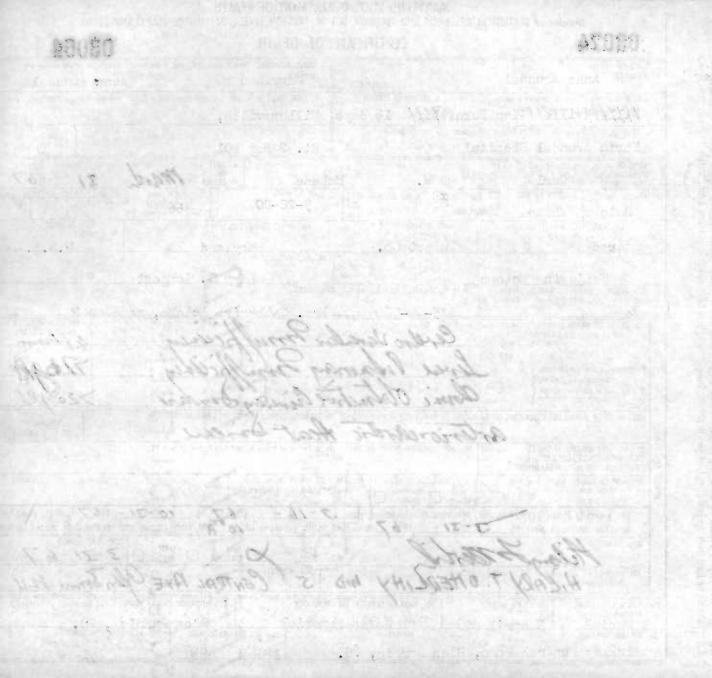
Kirkley Funeral Home, Glen Burnie, Md.

**D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers. shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 h. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

within 72 hours after



VR A15 (4) 20 M 1/66

director, page shauld be filed

22c. PHYDCIAN'S NAME (Type)

23g. BURIAL, CREMATION

23b. DATE THEREOF

requires that the death certificate be executed within 24 haurs after

REMOVAL (Specify) d 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S

NAME OF CEMETERY OR CREMATORY

M.D.

PHYS

22d. ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO

Year

19.6

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN NSET AND DEATH

19. WAS AUTOPS

19\_\_\_\_, that (I) (we) last

PERFORMED?

NO

(Stote)

Days

COUNTRY?

(County)

(County)

STAFF

PHYS.

23d. LOCATION (City or Town)

DIRECTOR

1000 mm AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03076 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and completely filled in by the funeral remove carbon popers. Pages 1 ord in ony qverationalih 72 hours after deat o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Odenton. Millersville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Knollwood Nursing Home Nevada Ave. YES NO X 3. NAME OF Middle 4. DATE Month Year Doy DECEASED 67 (Type or print) MEDLEY March 6 19 SUSAN CLAUDINE DEATH 9. AGE (In years lost birthdoy) S. SEX IF UNDER 1 YEAR IF LINDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED Feb.15.1882 female white 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** never worked Georgia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Moss John William Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. V. Kathryn Owens -Riva, Maryland 214-54-9726 burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 3 should be detoched for use os the with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO [ PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work of work , 19\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram, 19 \_\_ , ta and that death accurred at\_ M. fram causes and an the date stated above. saw the deceased alive, an\_ 19 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) March 9.1967 Annapolis Hillcrest Cemetery 25h REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Hopping VR A15 (4) 20 M 1/66 1967 HOPPING FUNERAL HOME -Annanolis.

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THE REPORT OF THE PARTY OF THE

1		Division of STATISTIC		OF MEALTH OF W. PRESTON STREET, BALTIMORE, MARYL	AND 21201
FOR STATE		03077	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	03067
HEAUTANDEPT.	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	,
ay is 3 ta Page nt at eath.		O. COUNTY ANNE ARUN	MARYLAND	O. STATE NARYLAND b. COUN	ANNE ARUNDEL
- D 0 0		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RUR	AL ond give neorest town)
2, and PM3. PM3. Pm3. Partmer	1	write RURAL and one nearest town   URAL HUNDEROLI	8	RURAL HUNAPOL	15 02-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th. If h farr h farr hour		BEST GATZ X	D	BEST GATE KD	YES NO
haurs after death. If a ltem 18. Give Pages 1, Office along with farm 1and 2 with the State Deevent within 72 hours	3.	NAME OF DECEASED (Type or print)	Y KAYLOR	METZGER 4. DATE Month	
after 8. Giv alang alang with t	S.		MARRIED NEVER MARRIED		IF UNDER 1 YEAR   IF UNDER 24 HRS.
24 haurs af in Item 18. r's Office ald ss 1 and 2 wi		MW	WIDOWED DIVORCED	8. DATE OF BIRTH  JAN 3 1884  9. AGE (In yeors pirthdoy)  yrs.	Months Doys Hours Min.
n 24 haurs il in Item 11 ier's Office ges 1and2 v any event	100	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
thin 24 kmril in It miner's O pages 1a in any e	2	ing most of working life even if review	U. 5 GOV.	MIDDLETOWN PA.	COUNTRY?
iner iner iner	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
s within n pencil Examinel Examinel File page and in a		HARRY K ME	TZCER	FANNY CAYLOR	X MELLIFE THE
ed in	15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of se	16. SOCIAL SECURITY NO. 17.	INFORMANT Addres	
executed nding" ii Medical permit.	L	(1   105 give ver a deles et a		MARY C METZGE	
be e "pel "pel hief ansit		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).)	rusis general	INTRVAL BETWEEN ONSET AND DEATH
certificate shauld writing the ward rwarded ta the Ch sed as a burial-tro vurial, crematian,		Conditions, if ony, which gove ) (b)			
the solution the distribution that the distr		rise to immediate couse (o), stating the underlying couse			
fica ing rdec as		lost. (c)			
This certificate shauld cate, writing the ward be farwarded ta the C i be used as a burial-tr r ta burial, crematian,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	<u>RIBUTING TO DEATH</u> BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MINER: This the certificate, 4 shauld be far files. e 3 shauld be to 3 shauld be to gent, prior to	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
The second	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
AL EXA execute ir. Page d far yau TOR: Pag		21. I certify that I taak charge of	If the remains described abave, h	eld an Autapsy 🔲 , 🛮 Inspection 🗾 , 🔻 Inqui	iry 🔲, and in my apinian
rate of tare o		death resulted from Natural	auses 🗹, Accident 🔲, Sui	cide 🔲, Hamicide 🔲, Undetermined mo	inner 🗌
MLS: please direct direct retaine DIREC		ACTUAL OX	,	CHIEF MEDICAL EXAMINER	22 DATE GIONED
ret ret its		SIGNATURE Chiverel		M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY MUSTAL E		EXAMINER'S F. Lowh	nedt.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	3/21/67
TO D The span span span span span span span span	23	BURIAL, CREMATION, 23b. DATE THERE  TEMOVALS 1993 L MAR 31		LUFF CEM ANNAPOLI	S AA.Co. M.D.
ON.	2	. FUNERAL DIRECTOR	ADDRESS		GISTRAR'S SIGNATURE
VR A15ME 100	9	OHN M. TAYLOR	2. SON HUNAPOLIS	/V.D. MPR 3 1967 4	corles Judge

COLUMN TO THE STATE OF THE STAT STARLE ALL ALL STARLES SALES Harm of PATZONES FRANCE CHILDREN The state of the s The second secon

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03078 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY MARYLAND Marvland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn) 1 mon. 5 das Baltimore Crownsville L Mon.

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 06 YES NO TO 7 S. High Street Crownsville State Hospital E Middle 4. DATE Manth Year Day 3. NAME OF physician ond campletely en please remove camon OF DEATH DECEASED 19 67 (Type or print) #34472 Gordon Miller Clarence IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED remove lost birthday) Months Dovs Hours WIDOWED DIVORCED 10/29/33 Male White 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? during most of warking life, even if retired) INDUSTRY USA General Laborer Tennessee 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Myrtle George Miller 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates af service) Hospital Records Yes Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH -tronsit PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying couse he PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? YES 🗌 NO Chronic Brain Syndrome due to Chronic Alcoholism **DIRECTOR:** After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Not While at wark L at wark 21. I certify that (I) (this haspital) attended the deceased fram. . 19 67\_. to 3/5/ , 19.67, that (I) (we) las 3/5/ 19 67, and that death accurred at 9:30 M, from couses and an the dote stated above saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING V 3/6/67 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Crownsville State Hospital, Maryland L. Benedict, M.D. 23d. LOCATION (City or Tawn) (Caunty) (State) 23b. DATE THEREOF WAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03079 death, the attending physician and campletely filled in by the funeral sit permit. Then please serrove carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN carparate limits, write RURAL and give nearest tawn) write RURAL qive negrest\_tawn) HNNAPOLI NUAPOLIS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 NO P YES NAME OF First Middle DATE Manth Day Year Last DECEASED ARCH 19 event, DEATH (Type or print) IF UNDER YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED **NEVER MARRIED** Manths Days Haurs dny WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY CANES VILLE and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, UNKN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, anunknawn) (If yes give war ar dates af service) crematian, INTERVAL BETWEEN OWSET AND DEATH CAUSE OF DEATH (Enter only one cause per line fem (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial Canditians, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause 3 shauld be detached far use as the with the State Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m While Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram 19.62, that (1) (we) las and that death occurred at 2:30/M, from causes and on the date stated above saw the deceased alive on 22b. DATE SIGNED

requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. signed l has been O FUNERAL DIRECTOR: After this certificate

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VR A15 (4) 20 M 1/66

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be filed

FUNERAL DIRECTOR

BURIAL, CREMATION, 23b. DATE THEREOF

TAYLOR, SONS ANNAPOLIS

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ATTENDING

PHYS 22d.

M.D.

DIRECTOR

LOCATION (City or Town)

PHYS.

(Caunty)

2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY hours after MARYLAND by the Pages c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b arconle Deach = e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled within 72 NO X YES etely carbon 3. NAME OF DATE Month Dav Year First Middle 4. DECEASED event, 126am DEATH (Type or print) 194 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF 9. 7. MARRIED NEVER MARRIED and DIVORCED WIDOWED C 12. CITIZEN OF WHAT and in 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR (County & State, or foreign country) Cian working life, even if retired) INDUSTRY COUNTRY? ousewell ning phys certificate 14. MOTHER'S MAIDEN NAME remova attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 0 death (Yes, no, or unkown) | (If yes give war or dates of service) Dune cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which been gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) certificate has WAS AUTOPSY PERFORMED? CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nene NO Z 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached to L DIRECTOR: After this cases 3 should be detach filed with the State Dept. MEDICAL (State) 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_ , and that death occurred at 2.4.M, from the causes and on the date stated above. saw the deceased alive on\_ DATE SIGNED 22b. 22a. SIGNATURE STAFF PHYS. page ATTENDING DIRECTOR Page 4 may I M.D. PHYS. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) LOCATION (City, town or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23c. REMOVAL\_(Specify) 2 Mar. 13.1967 Baltimore, Maryland Baltimore Cemetery Burial ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR George J. Gonce- 4001 Ritchie Hgwy., Baltimore VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03082 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death the funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY after Anne Arundel MARYLAND Maryland Anne Arundel Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ician and completely filled in by the lease remove carbon popers. Pagond in any event, within 72 hours Pasadena Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Waterford Road completely filled Box 85 Anne Arundel General Hospital YES NO X 3. NAME OF Middle 4. DATE Month Last Doy Year DECEASED OF DEATH March MULLIGAN 19 67 Florence Marie (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours White WIDOWED DIVORCED August 28, 1913 physician and c Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, attending physoermit. Then p WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service signed by the c burial-tronsit pe burial, cremotion 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH evebra IMMEDIATE CAUSE (o) be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove pertensive land ovap cular disease rise to immediate cause (o), DUE TO for use as the b Health prior to b stoting the underlying couse hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO this certificate Cholewantes ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING BESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o m. factory, street, office blda., etc.) Not While O FUNERAL DIRECTOR: After ot work 21. I certify that (I) (this hospital) attended the deceased fram. mar 1967, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive on march 17 1967, and that death occurred at M, fram couses and on the dote stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS PHYS. 22c. PHYSICIAN'S **ADDRESS** ORSK VICH NAME (Type) BURAL CREMATION DATE THEREOF 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION JGity or Town (County) (State) MOVAL (Specify 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Occupala

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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PLACE OF DEATH     O. COUNTY					SUAL RESIDENCE (	Where deceased lived	l, if institution: b. COUNTY		re odmission)
U. COUNTY	Anne Arund	de l	MARYLA	AND	Mar	yland		Anne /	Arundel
b. CITY OR TOWN (If o write RURAL ond gi			c. LENGTH OF STAY IN	1b c. Cl	TY OR TOWN (If a	utside corporote limit	s, write RURAL	ond give neore	st town)
A A	nnapolis		No. of the last		Gle	n Burnie		12-1	/
d. NAME OF HOSPITAL	OR INSTITUTION (If not	t in hospitol, g	give street oddress)	d. S	REET ADDRESS				e. IS RESIDENCE ON A FARM?
Anne	Arundel (	Gene ra	Hospital		760	9 Marcy D	rive		YES NO
3. NAME OF DECEASED	Firs	st	Middle		Last	4. DATE OF	Month	Do	y Year
(Type or print)	Teri	ry	Lynn	N/	ASH	DEATH Ma	rch	20	19 67
S. SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8. DAT	E OF BIRTH	9. AGE (	In yeors II	onths Days	
Female	White	WIDOWED	DIVORCED	June	29, 19	56 10	oirthdoy) M yrs.	lullins Days	Hours Min.
10o. USUAL OCCUPATION (G	ive kind of work done		ND OF BUSINESS OR DUSTRY	11.1	BIRTHPLACE (County	& Stote, or foreign co	Intry)	12. CITIZEN O	
during most of working life, Studen		IN	DOSIKY			Maryland		COUNTRY	U. S.
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			
Donal	d T.Nash				Vada Shi	pe			
15. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. INFORM			Address		•
(Yes, no or unknown) (If	yes give wor or dotes of	zervice)	None	Donal	d T.Nash	,7609 Mar	cy Driv	ve, Glen	Burnie
	H (Enter only one cous	e per line for	(o), (b), ond (c).),		1				TERVAL BETWEEN
PART 1. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE (	(a) a	(o), (b), ond (c).) cuft hey endeter	ratio	nev	Losis		0	NSET AND DEATH
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Conditions, if ony, w	nich gove	b) • £	undeter	nema	of				
stoting the underlyi	ng couse DUE 1	го							
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20c. TIME OF INJURY		20d. IN	NJURY OCCURRED 2	Oe, PLACE OF 1	NJURY (Home, forn	n, 20f. (City o	or town)	(County)	(Stote)
Hour o.m.	19	While of work	Not While of work	foctory, str	eet, office bldg., etc.	)			· VA
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22o. SIGNATURE	11-02-0	0						22b. DATE SIG	NED
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22c. PHYSICIAN'S NAME (Type)	Providence of				2d. ADDRESS				
23o. BURIAL, CREMATION,	23b. DATE THEF	REOF	23c. NAME OF CEMETE	RY OR CREMA	TORY .	23d. LOCATION	(City or Town)	(Count	y) (Stote)
REMOVAL (Specify)	3-24=	1967	Good Sher	herd		Ellicot		,	
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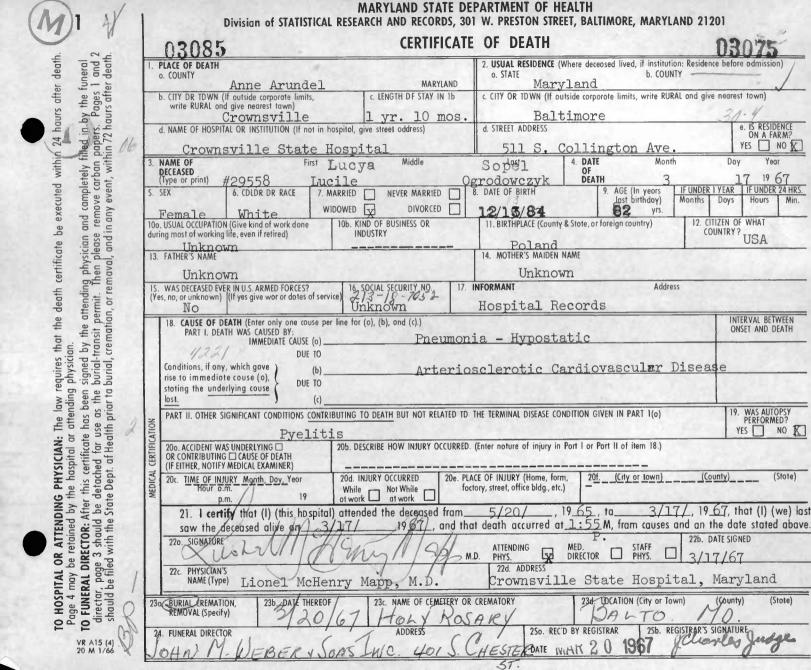
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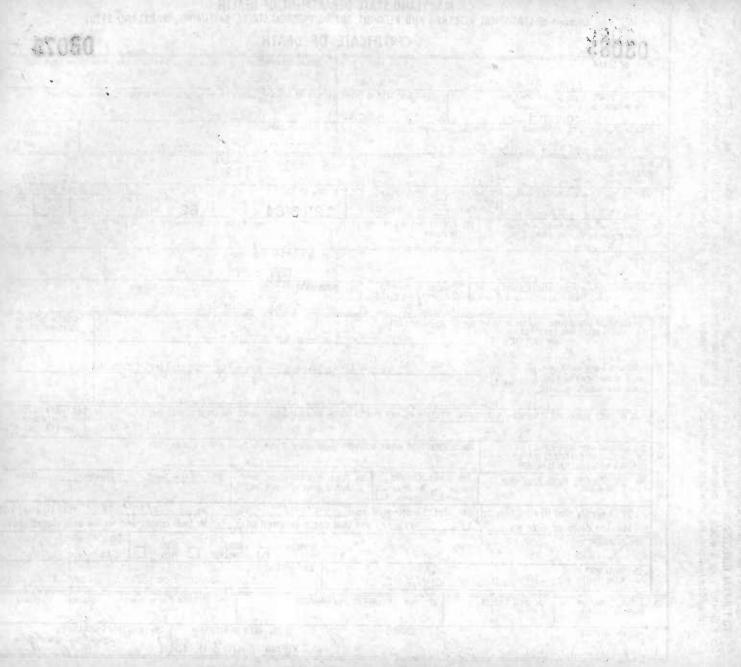
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filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENI ON A FARM						
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with with ban with	3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED OF	A					
a See Co	(Type or print) HAROLD C. NUSBAUM DEATH March 31 1967  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24						
executed with	1916 last birthday) Manths Days Haurs	Ain.					
and company	Male white WIDOWED DIVORCED May 31, 1987 50 49 YIS.						
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)  10b. KIND OF BUSINESS OR line BISTHPLACE (Caunty & State, ar fareign cauntry)  12. CITIZEN OF WHAT COUNTRY?						
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otte on, c	Yes   WWII   577-03-8384 Mrs. Henryettee E. Nushaum (wife) #2						
equires that the death certificate be executed physician. signed by the ottending physician and comple buriol-transit permit. Then please remove caburiol, cremotion, or removal, and in any event	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	N H					
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ed led led led led led led led led led l	21. I certify that (1) (this hospital) attended the deceased from MNY, 1962 to MARCH, 1967, that (1) (we sow the deceased alive on FE 13 24 1967, and that death accurred at 450 MM, from couses and an the date stated a	10:					
TY To Hoin the	220. SIGNATURE 22b. DATE SIGNED	JU V					
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V by A by Bage	22c. PHYSICIAN'S 22d. ADDRESS 2						
TO HOSPITAL OR ATTENDING PHY Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep	NAME (Type) ARTHUR LANKFORD, JR., M. D. 2934 mountain Rd basadena, md.						
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Pog Pog dire	REMOVAL (Specify)  Burial April 3,1967 Baltimore National Cem. Baltimore, Maryland						
X	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE						
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03089 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page 0 jo after death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest tawn) and write RURAL and give nearest tawn) URN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form 72 haurs 104 RAInh. Ron Give Pages ote YES NO D hours ofter death. 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED 3 (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Item 18. Haurs WIDOWED DIVORCED and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY. \_ anv Examiner's NUNUING 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME executed within .⊆ pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.\_INFORMANT rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dotes of service removol 068-18-6070 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (o) word This certificate should cremotion, DUE TO Canditions, if any, which gove writing the rise to immediate cause (a), DUE TO stating the underlying cause farwarded 0 last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO D ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ploods PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH MEDICAL (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot.work designoted 21. I certify that Ltaak charge of the remoins described above, held an Autapsy Inspection 7 Inquiry 7 for and in my opinian death resulted fram: the funerol director. Natural couses Accident Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 moy to FONER Health of NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, REMOVAL (Specify) 250. REED BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) MAR 2 1967 DATE 6M 1/66

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r death		PLACE OF DEATH o. COUNTY Ahne Arundel	MARYLAND	2. USUAL RESIDENCE (O. STATE Mary.	Where deceased lived, if institution: R b. COUNTY	esidence before odmission) Arundel
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cian ond co		. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Baltimore:	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, farmory, street, affice bldg., etc.)		(County) (State)
= 77 77 00	6		pital) attended the deceased fram	uprit, 1	950 to March,	1961, that (I) (we) last
R ATTENI retoined ECTOR: A 3 should with the		saw the deceosed alive on	7-19- 1961, and tha		M, fram causes and	on the date stated abave.  2b. DATE SIGNED
L OR ATTENI be retoined DIRECTOR: A ge 3 should iled with the	Ġ	22c, PHYSICIAN'S	analle MM M.	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	3-19-67-
ERAL FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO FINDO F	X.	NAME (Type) Dr. C.I	R. MacDonald		x 700, Glen Bu	rnie, Md.
TO HOSPITAL OR ATTEN Page 4 moy be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Burial, (REMATION, REMOVAL (Specify) 23b. DATE THE BURIAL 22 Mar		emetery	23d. LOCATION (City or Town) Anne Arundel C	(Caunty) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR  Kirkley Funeral I	ADDRESS Home, Glen Burnie, Md	IRAA D C	BY REGISTRAR 255 REGISTRA	SP'S SIGNATURE

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A CONTRACTOR OF THE PROPERTY O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN 11f outside cornorate limits, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES TO NO NAME OF First 4. DATE Month DECEASED (Type or print) William RETNERT DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE tin years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours W WIDOWED [ DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while o. m. p. m. of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . opinion death resulted from: Notural causes Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION: 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) 0 23. FUISERAL DIRECTOR'S SIGNATURE 240. REC'D BY MEGISTRAR 24b. REGISTRAR'S, SIGNATURE VS. A15ME 5M 2/57

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE ANNE ARUNDEL ARUNDEI ANNE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerest town) write RURAL end give nearest town) Annapolis Life Annapolis Ø d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours ON A FARM? 1910 West Street 1910 West Street YES NO letely NAME OF First DATE Month Yaar Middla DECEASED compl DEATH 19 67 (Type or print) DOROTHY PARKER SAVOY March 31with IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months Jan. 16-1892 WIDOWED XX DIVORCED Female Negre physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Anne Arundel Co. Maryland U.S.A. \*\*\*\*\*\* Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Martha Ann Gole Parker Gabriel <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no. or unkown) | (If yes give war or detas of service) Derethy Savey-1910 West St. Anna. Md. 212-18-0980 A INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: wils IMMEDIATE CAUSE (e) Norm Cardo Varales Dever DUE TO Conditions, if any, which geve rise to immediate ceusa DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. CATION certificat PERFORMED? 95 NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING After this letached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, straat, offica bldg., atc.) While Not While Hour e.m. at work CTOR: at work p.m 21. I certify that (I) (this hospital) attended the deceased from ....., 19....., that (I) (we) last saw the deceased alive on. 22b. DATE 22a. SIGNATUR SIGNED ATTENDING STAFF death. Page 4 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St. Annapolis, Md. filed v 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236. DATE THEREOF a dia REMOVAL (Specify) Brewer Hill Annapolis, Maryland Buria 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S ADDRESS VR A15 (4) 1SM 7/61 Ill Annapolis, Md.

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CLD. MILLERSVILLE HUNAPOLIS KNOLLWOOD NUESING HOME 116 BEST GATE TED. MANDE VIRGINA SEXTON W X 10-30-1888 78 HOHE HOUSEMITE MARYLAND 115 - JESSIE F. SEMES ROSIE KEE TROTT EUELYN S. HDAMS #2 RM SMITH SEVERUA PARK MA BUREIAL S-11-67 EDWARDS CHAPEL ANNAPOLIS HA MT. of him Il to too tow Champolin, Mds.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03096 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Anne Arundel o. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I campletely filled in by the mave carban papers. Page ny event, within 72 hours a' write RURAL and give nearest tawn) Annapolis | 11 hrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 11 hrs. Mayo d. STREET ADDRESS e IS RESIDENCE 214 Maryland Ave. ON A FARM? Anne Arundel General Hospital Beverly Beach YES NO 3. NAME OF Middle 4. DATE First Lost Month Year DECEASED William SHERZEY March 67 Otto (Type or print) DEATH lease remave c S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED Jan. 29. 1917 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired)
Retired Meat Cutter INDUSTRY COUNTRY? Washington, D.C. U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, William B. Sherzey Emma Nordhorff 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. Isabel A. Sherzev cremation, 18. CAUSE OF DEATH (Enter only one couse per like for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematia IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse by the hospital ar aftending as the been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? far use Health YES XX NO certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) TO FUNERAL DIRECTOR: After this Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this hospital) attended the deceased from 3 shauld with the be retained 1967, and that death accurred of 1 10PM, from causes and on the date stoted obove saw the deceased olive on 220. SIGNATURE M.D. DIRECTOR director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Md. Peter F. Verkouw, M.D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) B.REMOVAL (Specify) March 10.1967 Cedar Hill Cemetery Prince Georges, Maryland ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Wilheml Funeral Home, 4308 Suitland Road. VR A15 (4) 25M 1/67 Suitland

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- 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03087
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
that be	Anne Arundei Maryland Maryland Anne Arundei
cessary, the funeral 5 may be Department	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) GIRO RUPTIE
the f	Glen Burnie  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
y to the to the post of the po	N. Arundel Hospital 9867 Telegraph Rd. Apt.10 YES No №
lela nd 3 Sta Sta	3. NAME OF First Middle Last 4. DATE Month Day Year
PW. 24	Type or print) MARION KENT SHUCKLEY DEATH March 27 19 67
With Think	5. SEX   6. COLOR OR RACE   7. MARRIED
Page th fage th fo	Male White WIDOWED DIVORCED Feb. 5, 1920 47 yrs. Worlds Days Hours Divorced Teb. 5, 1920 47 yrs. Worlds Days Hours Divorced Teb. 5, 1920 47 yrs. Worlds Days Hours Da
ter dea Sive Pa Sive Pa Sive Pa Sive Pa 1 and 1 and 1 event	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY  Mechanic 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  United Airlines Fairland, Oklahoma USA
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hours em 14 ice al e pag id in	Thomas Shockley Bessie Mc Minn
24 ho in Item Office File il, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's C permit.	Yes   WWII 548-26-2323   Mas Eleanor S. Shockley (wife) Same as#2
amile (amile (t pe	PART I. DEATH WAS CAUSED BY:
uld be executed "pending" in f Medical Exan a burial-transit cremation, or	H344 IMMEDIATE CAUSE (e) DUE TO
e exc endir edica ial-tu	Conditions, if eny, which (b)
f Me f Me cren	gave rise to immediate ceuse (a), stating the DUE TO
ate should be word the Chies sed as a burial,	Underlying cause lest.   (c).   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY PERFORMED?
the the used to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES \( \text{NO} \)  YES \( \text{NO} \)
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is ce ardeo	
The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  108: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 100. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work at work at work.
be be	
the certificate should be a should be or files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinior death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
the control of the co	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TA for	EXAMINER'S ELINGSECIST. DEPUTY MEDICAL EXAMINER & 3/27/17
DEPUTY I	NAME (Type)  Address (Street, city, town, or county)  23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
De ple dira	REMOVAL (Specify)   Cremation March 29,1967 Loudon Park Crematory Balto., Maryland
0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Richard V. Singleton Glen Burnie, Md. MAR 30 1967 gcharles your

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY o. STATE Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Annapolis physician and completely filled in by the en please remave carbon papers. Pages aval, and it and it and event, within 72 haurs als c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Glen Burnie Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Box 302A, Solley & Opal Rds. YES NO 3. NAME OF First Middle 4. DATE Doy Year DECEASED (Type or print) DEATH Eleanor Castell Simmons March 19 67 9. AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1887 birthdoy) Manths Doys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT Y MOUSTRY A COUNTRY'S A. during most of working life even if retired) Beanscove. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deniel Castael Merthe Donohue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or upknown) (If yes give wor or dotes of service) John W. SMMMMM Simmons(husband) Unknown 18. CAUSE OF DEATH (Enter only one cause per liperfor (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse the hospital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram Mar. 14, 1967, to Mar. 18, 1967, that (I) (we) last saw the deceased alive on Mar. 18, 1967, and that death accurred at 8:20 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. X Mar. 20, 1967 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ray M. Smith Hahn Professional Bldg., Severna Pk., Md. M. D. 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) BUTTI Specify) Brooklyn, Meryland 22Merch 1967 Ceder Hill Cemetery 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Milanley Singleton Funeral Home/Glan Burnie.Md.

Beangageva, Ft. Westhan Gonofium (bresievr)enge-12 granuk 3 mmc. showleren , myl some | transcript Charles or | Ermoskyn, Marylande Sales of the Sales

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR AIS (4) B

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03099

CERTIFICATE OF DEATH

							113/114	Libr
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased liv		Residence before	admissian)
o. COUNTY Anne	Arunde 1		MARYLAND	o. STATE Ma	ryland	b. COUNTY	Anne Ar	runde l
b. CITY OR TOWN	(If outside carparate limits	5,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		its, write RURAL		
Annap	nd give nearest tawn)		Life	An	napolis	100	- 4	7 - 1
	ITAL OR INSTITUTION (If no	it in haspital, a		d. STREET ADDRESS			e	
	asant Court		- 66	9 Pleasa	nt Court		Υ	ON A FARM?
3. NAME OF	Fir	rst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Willi	iam	NMN	Simms	OF DEATH	March	11	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Negro	WIDOWED	DIVORCED	8-12-190	D2 last	highday) Mo	anths Days	Hours Min.
	ON (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, ar foreign c	ountry)	12. CITIZEN OF	WHAT
Pantryma		36-	DUSTRY	A.A.Co	Maryl	and	COUNTRY?	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDER		4110		U. J. ().
John S	imms			Mary Mi	ller			
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO. 12	. INFORMANT	22,41	Address	Annapo	lis Md
No.	(If yes give war ar dates a	r service)	15-16-7179	Elizabeth	Simma Q	Place	ent Go	urt
	DEATH (Enter anly one cau			TITA DO ON	O THUMB O	TLOUB		RVAL BETWEEN
PART I. DE			noma of the	Lungs, Liver	and Stor	ach		SET AND DEATH
199:	2 DUF			102.50	and over		Oat	oben
Conditions, if an	which agus >	(b)					196	ober
rise ta immedia	ate cause (a), (						130	5
stating the und	erlying cause	(c)						
PART II OTHER	SIGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION CIVEN IN I	PART I(a)	119	WAS AUTOPSY
NO TAKE III. OTHER	SIGNIFICANT CONDITIONS CO	ONIKIDOTINO I	O DEATH DOT NOT KEDATED T	O THE TERMINAL DISEASE C	ONDITION OFFER IN	ART ((u)		PERFORMED?
ACCIDENT W	AS UNDERLYING	1 201 DE	COURT HOW IN HIR OCCURRE	D /5-4 4 i-i :	= D==1   == D==1   =-6	(A 1D.)	YE:	S NO
OR CONTRIBUTIN	G CAUSE OF DEATH	200. DE	SCRIBE HOW INJURY OCCURRE	D. (cilier noture at injury i	ii ruii i or rari ii ai	nem IB.)		
	Y MEDICAL EXAMINER)	1 00 1 111	THIDY OCCUPANT	DIACE OF INTERVALLE	. 1 001 100	A	(f )	10
20c. TIME OF IN		While		PLACE OF INJURY (Hame, fa factory, street, affice bldg., et		ar tawn)	(Caunty)	(State)
- 5	o.m. 19	at wark	at work				/=	
	t <b>ify</b> that (I) (this hos <sub>l</sub> deceosed alive an <u>M</u>		led the deceased fram 19 <b>67</b> , and t	October hat death occurred o	19 <u>66</u> , to <u>Ma</u> at <b>7A •</b> M, fra	m causes ond	, 19 <u>67</u> , the	at (I) (we) last stated above
22g GNATUR							22b. DATE SIGNE	
(Kix	Kelwa	NO	ne	M.D. PHYS.	MED. DIRECTOR	CTACE		1, 1967
22c. PHYSICIAN	3	75		22d ADDRESS			1.	
NAME (Typ	e) RAYMOND	L. RIC	HARDSON, M.D.	110	Clay Stree	et, Anna	polis	
230. BURIAL, CREMAT		REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City or Town)	(County)	(State)
REMOVAL (Speci	(y) 3-15-	67	Brewer Hil	17	Annar	olis	A.A.Co	Md
24. FUNERAL DIRECT			ADDRESS Anne	polis   25a RE	C'D BY REGISTRAR	2Sb. REGISTI		
Hicks   F	uneral Home	45	Northwest St		IR 17 196	Il fee	ares for	nego

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND pue b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .⊑ hours after Pages filled i 26-69 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely papers. YES NO NAME OF 4. DATE Day Month Year DECEASED OF (Typa or print) DEATH withi 196 carbon. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED F DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratirad) KAIL ROAD please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and oval, IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (If yes give war or datas of sarvice) permit. physician. è 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH been signed PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a cremation. burial-transit attending DUE TO Conditions, if any, which gave risa to immadiata cause DUE TO (a), stating the underlying the PHYSICIAN: ò causa last. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior NO T for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by DIRECTOR: After SAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stata) ō fectory, street, office bldg., etc.) Hour a.m. While Not Whila State Dept. al work at work p.m. pe 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_, 1967, to 3 - 26 \_\_\_\_\_\_, 1967, that (I) (we) last plnous 22a. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED HOSPITAL FUNERAL page with t 16 uar PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS filed \ NAME (Type) death. 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Dig g REMOVAL (Specify) NNAPOLIS reur 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR SIGNATURE VR A15 (4) 20M 563

& M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
# 57 #	
funeral and r death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
after y the 1 ggs 1 s after	Anne Arundel Maryland Marvland Anne Arundel
rs afte by the Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in s. Hou	Glen Burnie  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
24 hours filled in biggers. Papers. Palin 72 hours	DN A FARM?
	North Arundel Hospital   Route 4, Box 59   YES NO 3. NAME OF First Middle Last 14 DATE Month Day Year
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ex in a in a	10a. USUAL OCCUPATION (Give kind of workdone under the following most of working life, even if retired)  10b. KIND OF BUSINESS OR UNDUSTRY  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
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tend it.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
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ne d	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
at the lan. d by rans crer	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock
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ph si phu pur pur pur pur pur pur pur pur pur pu	Conditions, If any, which   (b)   Vitterual Carcumates
law requires that the death certificate be attending physician. has been signed by the attending physician is as the burial-transit permit. Then please h prior to burial, cremation, or removal, and is	cause (a), stating the DUE TD
tten tten has as pric	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0 0 0 = 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING NOTIFY MEDICAL EXAMINER)
T Hartific for the form	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The the hospital or this certificate detached for une Dept. of Healt	
PHYS the h this detac	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	20c. IMB OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work at work
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R ATTENDIII e retained tECTOR: Ai 3 should with the S	saw the deceased give on Man 27 1961, and that death occurred at 5 at M, from the causes and on the date stated above.
OR A Doe re seed will seed will	ATTENDING MED. STAFF 22b. DATE SIGNED
TAL O May the DIAL DIAL DIAL DIAL DIAL DIAL DIAL DIAL	M.D. PHYS. DIRECTOR PHYS.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	PER HYSICIAN'S ANDRES 3527 ANNA POLIS AND BALLE 27 1672 NOTEGOW NO BALLE 12
Page Page Fundirect	23a. AURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   29d. LOCATION (City, town or county) (State)
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	BREMOVAL (Specific) 2/20/67 fleakous iles Dorsey ha
at.	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)	Lobert S. Saviences Severice M. J. MAR 27 1967 Actionles Judge
2DM 1/65	PAREDT C. BARRANCO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTAnne Arundel b. COUNTY nne Arundel o. STAWarvland P.M.3. Page the State Department of MARYLAND delay 1 c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pasadena 5 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)
A.A.Cty Cent. Hqtrs. Police Station
Millersville d. STREET ADDRESS e. IS RESIDENCE should be forworded to the Chief Medical Examiner's Office olong with form ON A FARM? Rt 5. Box 82, Carroll Rd. NO hours ofter death. NAME OF First 4. DATE Year 67 Sparkman, Jr. DECEASED March Melvin (Type or print) DEATH burial-tronsit permit. File pages 1 and 2 with a ony event within 72 hours after desire. S. SFX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH hirthdoy) Months Hours 2/14/26 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired). COUNTRY \_= 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, no, or unknown) (If yes give wor or doles of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Hanging IMMEDIATE CAUSE (o) This certificate should writing the word DUF TO in ony Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY removol, PERFORMED? NO 2Do. EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should 0 Hung himself with his belt CAUSE OF DEATH. 20c. TIME OF INJURY Month Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: Poge 67 of work Cell Millersville .A.A. Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry ond in my opinion deoth resulted from: Noturol couses [ Suicide Tx. Homicide Undetermined monner funerol director. be retoined CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE March 19,1967 Werner U. Spitz DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth moy Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMEDERY 230. BURJAD CREMATION. 23b. DATE THEREOF REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5Y 6M 1/67

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	03104		6, 301 W. PRESTO E OF DEATH		MARYLAND
1.	PLACE OF DEATH a. CDUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution:  RVLAND b. COUNTY A	Residence before admission)
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If	outside corporate limits, write RURA	L and give nearest town)
	Annapolis	1 day	PASADEN	A -	021
	d. NAME OF HOSPITAL OR INSTITUTION (if not in f	nospital, give street address)	d. STREET ADDRESS	0.14	e. IS RESIDENCE ON A FARM?
	Naval Hospital, Annapoli	s, Md.	RT10 BOD	x 8GC	YES NO TO
3.	NAME OF First DECEASED (Type or print) Baby Girl	Middle	SPEAS	4. DATE Month DF DEATH March	Day Year 22 19 67
	SEX 6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Months	R 1 YEAR IF UNDER 24 HRS
	emale Cauc. WIDOWED		21 March 19	36 / yrs.	15
10 du	a. USUAL DCCUPATION (Give kind of work done lob. I ling most of working life, even If retired)	(IND DF BUSINESS OR INDUSTRY		ounty & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY? USA
13	. FATHER'S NAME		14. MOTHER'S MAID		00/1
V	Villiam H. SPEAS		Irene KO	OC	
15 (Y	S. WAS DECEASED EVER IN U.S. ARMED FDRCES? es, no, or unknown) (If yes give war or dates of service) NA	. SDCIAL SECURITY ND. 17.	INFORMANT s.  rene Spe	(Mother) Address	Md.
	18. CAUSE OF DEATH [Enter only one cause per	111	s. Helle spe	3, N.C. 10, DON OC	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	nematri	mata		ONSET AND DEATH
	776 X DUE TD				20/
	Conditions, If any, which (b)				O & Wen
	gave rise to Immediate ( cause (a), stating the DUE TD				
_	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES ND
CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DR CDNTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 1	8.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While at wor	Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town) (Co	ounty) (State)
-	21. I certify that (I) (this hospital) attend	led the deceased from	3-21-6719	9 to 3-27 196	, that (I) (we) last
	saw the deceased alive on 3 - 7	$\rightarrow$ 19 $\sqrt{7}$ , and that	death occurred at_	M, from the causes and on	the date stated above.
	22a. SIGNATURA	M.D	ATTENDING PHYS.	MED. STAFF 22b.	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		U.S. NA	11 1	POLIS MB
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 3-24-67	23c. NAME OF CEMETERY	DR CHEMATORY  CADENY	23d. GOCATION (City, town or co	
1			1		-10 01011-1105

VR AI5 (4) 20M I/65

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1967

[Designation of the state of th KIOKYLAND ANDE HARVEN They PASABENIA elic, mari il ig Never Mospital, Amnosiis, Md. 2.312 ania yess 2) Norch 137 einmea masolis, &d. Ars. Irana Spens, ac. in, Box Bo-C, as men. U.S Klauge Hoser, Howy rows FID BURING 324-67 USWAVEL PRIVERY HUMAPOLIS HO John M. Ly to o day among the Me 21 250 por some

Charles W. Kinzer, MD

23b. DATE THEREOF

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 18 N. Cherry Grove Ave.. NOXX Doy Year 22 1967 March 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRYS Maryland CRANDALL ROBERT STALLINGS INTERVAL BETWEEN 3 days 19. WAS AUTOPS PERFORMED? post-op sigmoid colon cancer resections of Port II of item 1B.) (City or town) (County) (Stote) 1967, that (1) (10 last M, fram causes and an the date stated above 22b. DATE SIGNED Mar 22, 1967 PHYS. 22d. ADDRESS South RivMedCent., Edgewater, Md. 23c. NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR

22c. PHYSICIAN" NAME (Type)

BURIAL, CREMATION

24. FUNERAL DIRECTOR

Allega An Stabilization 4. Land described described for the contract of t HORSEWIFE HOME WELLAM O. PRRY SALLY CRANDALL ROBERT STALLINGS # 2 And design thous no low blom it go door . The to the control to the control of th The latest and the second of t . It is the state of the state BURING 3-24-917 ST VANES CEM TRACYS LADO FALO 1910. JOHN M. TRYLOR SINS HAWARELIS MD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03106 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARVIAND Maryland Anne Arundel c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ve carban papers. Pag event, within 72 hours 417 Joyce Drive Millersville vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 90 Knollwood Manor Nursing Home YES NOTES Glen Burnie. Md. 3. NAME OF 4. DATE Lost Doy Year DECEASED March 5. 67 Lillian Rumpf STANSBURY 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 1894 in any XX Sept Female Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? S. MMXXXMM Nursing Ba. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Carolyn (unknown) Karl Rumpf 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) ar 219 16 1912 Carolyn Carter - Same as # 2 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit m SNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Respratory insufficiency signed by 5 26 X Pulmonary emphysema and fibrosis many years Conditions, if ony, which gove rise to immediate couse (o), DUE TO attending stating the underlying couse Bronchitis acute & chronic, and bronchiectasis O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)

Arteriosclerosis, general, cardiac and cerebral; Diabetes

mellitus: Pseudobulbar palsy, Chronic pyeloneohritis;

2Nationership in the provided of the provided of the provided of the party of the part 19. WAS AUTOPSY PERFORMED? far af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased from June 30 , 1965, toMarch 5, 1967, that (I) (we) last be retained plnods saw the deceased alive an March 3 1967, and that death accurred at 4:00 M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. March 5, DIRECTOR directar, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS South River Medical 22c. PHYSICIAN'S W. Kinzer, M. Charles NAME (Type) Edgewater. Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)
MILLETSVILLE, (Stote) BLREMOVAL (Specify) Baldwin Memorial 3/8/1967 Ch Cem. 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ware Charles DAMAR 1967 funeral Home/Glem Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ANNE ARUNDEL Mary land ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Annapolis Annapolis e. IS RESIDENCE ON A FARM? 01 Apartment Americana 24 haurs after death. I NO IV alang with NAME OF Middle DATE Pronounced DECEASED FLORENCE STONE March 31, 1967 E. DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years 135 birthday) Manths WIDOWED DIVORCED 72 haurs after death Female White BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during post of working life, even if retired) HOME E 13. FATHER'S NAME This certificate shauld be executed within BRUBAKER 17. INFORMANT MRS. JAMES R. HOLST SEVERNA PX. A.A. 16. SOCIAL SECURITY NO. writing the ward "pending" in rwarded to the Chief Medical (If yes give war ar dates af service) any event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia IMMEDIATE CAUSE (o) \_\_ DUF TO Carbon Monoxide Canditians, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying cause Conflagration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? crematian, ar remaval, NO X 20a. EXTERNAL CAUSE WAS PRIMAR VA□ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld CAUSE OF DEATH. Found in burning apartment 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INITIRY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of wark 10:00 p.m. Annapolis Anne Arundel Md. 3-30- 1967 at work house 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry , and in my apinian death resulted fram: Natural causes Accident X Suicide . Homicide Undetermined manner TO FUNERAL DIRE Health priar ta b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER March 31, 1967 Charles S. Springate, M.D. Address (Street, city, tawn, ar caunty) NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY WHITEMARSH MEM. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

Letter the second the HOUSE WAS THE HOUSE HAVE IN FRAME A STANKE THE TELEPTE FOR THE PROPERTY OF THE PERSON O White is a series to some first the same 301 The president granted at being · Company of the comp Level in Topics Sair Journey and James John States MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03108 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 aurs after death. death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY Appropri MARYLAND the death certificate be executed within 24 haurs after carban papers. Pages 1 ent, within 72 haurs after CLENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) ryanthun IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 06 Rown SvillE ST. YES TO NO 3. NAME OF 4. DATE First Middle Manth Day Year DECEASED 11 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED remave last birthday) Manths Davs Haurs any WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during mast af warking life, even if retired) ease COUNTRY? INDUSTRY NIC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SWEFTNET JUEETNEY. DRREY 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service LOSen crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit i burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (a) Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) af far use af Health p NO T O FUNERAL DIRECTOR: After this certificate by the haspital or 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark at wark 21. I certify that W (this haspital) attended the deceased fram. be retained and that death occurred at 10 P. M. from causes and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24. EUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03109 CERTIFICATE OF DEATH haurs after death cuted within 24 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel a. STATE Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Severna Park. Annapolis 4 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) filled in I d. STREET ADDRESS IS RESIDENCE ON A FARM? 514 Evergreen Road Anne Arundel General Hospital NO 3. NAME OF Middle 4. DATE Month Year DECEASED TASSEY 67 March Ellen Barbara DEATH 19 (Type or print) S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Hours White Sept. 4, 1911 Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR during most of working life, even instired COUNTRY? Delroo Massachusetts the death certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or yoknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (o Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use MEDICAL CERTIFICATION be detached far use State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work TO FUNERAL DIRECTOR: After , to Mar. 2. 19 67 that (1) (was) last 21. Leertify that (1) (this position) attended the deceased from , 19 director, page 3 shauld shauld be filed with the 19 67, and that death occurred of 3 PM, fram causes and on the date stated above sow the deceased glive on March 2 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. PHYS. \* M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert R. Hahn Box-73. Severaa Park. 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Jown) 2So. REC'D BY REDISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MAR 6 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03111 CERTIFICATE OF DEATH by the funeral Bages 1 and 2 naurs after death: requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY campletely filled in by the fundave carban papers. Pages 1 MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 27 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 216 Bridgeview Rd. Crownsville State Hospital YES NO.X 3. NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) #34560 in any event, Tellington DEATH 19 67 Theresa Johnson SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED remave last birthdoy) Months Dovs Hours 4-25-24 Female Negro WIDOWED [ DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even if retired)
Housewife COUNTRY? USA INDUSTRY Whitmire, S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physpermit. Then p l, crematian, or remaval Joe H. Johnson Estelle Epps 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Hospital Records 213-20-7325 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN transit Pneumonia, Acute Renal Failure ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physician. signed b burial-tr burial, a DUE TO Malignent Hypertension? Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse attending as the FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use Psychosis, Extreme Obesity NO YES the hospital or g 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While 2/8/ . 19 67 . to 3/7/ , 19<u>67</u>, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. ond that death occurred aR: 15 M, from causes and on the date stated above. sow the deceosed olive on. 22o. SIGNATURE 22b. DATE SIGNED X 3/7/67 directar, page 3 should be filed v M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bemedict. Crownsville State Hospital. Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION BUT 13 1 Laurel 3-11-67 0 Carver Mem. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melanles 1967 Morton & Dvett F. H 1701 taurens St

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OR ATTENIE be retained DIRECTOR: A ge 3 shauld led with the	22a. SIGNATURE	tephene M.	D. ATTENDING MED. DIRECTO  22d. ADDRESS	STAFF C	3-17-67
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached shauld be filed with the State Dept. of	NAME (Type) WM P	Stephens THEREOF 23c. NAME OF CEMETERY OR	38 Comput	LOCATION (City of Town)	(County) (State)
TO HC Page TO FU direc share	BREMOVAL GENETICS 23b. DATE 1  24. MUNERAL DIRECTOR ()	HEREOF 23C. NAME OF CEMETERY OR  ADDRESS  ADDRESS	S 2Sa. REC'D 8Y REG	INNA pohi	S (County) (State)
VR A15 (4) 2SM 1/67	John M. Joy fort XA	is amapolis,	Md. MAR 21	1967 Jalian	les Judge

HUNAPOLIS HOUR DONIS 4300 20054 EDING M. THOMPS W x 1-14-1901 66 HOME HOUSEWIYE THILA, Pa. TRUEMAN BOISSEAW MARIE HEALEY EDUA M BOWEN BURIAL 3-20-67 St. MARYS ANDA POLIS ME John W. Formatows Cumpolis, Md. Mar E. 1987

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03113 death. requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and aval, and in and event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF OFATH a. COUNTY b. COUNTY a. STATE Anne Arundel MARYLAND Mary land c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore
d. STREET ADDRESS Crownsville 3 Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? YES NO X Crownsville State Hospital 1028 Pennsylvania Ave. 3 NAME OF Middle Last 4 OATE Day Year DECEASED OF DEATH (Type or print) #34926 Howard Thomas IF UNDER 1 YEAR Tipp 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Manths Days Haurs WIOOWEO OIVORCED 2/19/35 Negro 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Howard Co. Maryland ISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Thomas Thornton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address OF signed by the atter burial-transit permi burial, crematian, a Hospital Records INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Acute Alcoholic Intoxication . Delirium Tremens DUE TO Canditians, if ony, which gove (b) Pulmonary Edema, Severe Fatty Metamorphosis of Liver rise to immediate couse (a), OUE TO stoting the underlying cause (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO F Chronic Alcoholism b O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Oay, Year 2Dd. INJURY OCCURRED foctory, street, affice bldg., etc.) Not While \_\_\_ Hour am ot wark ot work be retained by 3/20 , 19 67, that (1) (we) last 3/17/ , 19 67 , ta\_ 21. I certify that (I) (this haspital) attended the deceased fram. 19.67, and that death accurred at 9:30 M, fram causes and an the date stated above. 3/20/ saw the deceased alive on\_\_\_\_\_ 22b. DATE SIGNED 220. SIGNATURE Meder ATTENDING STAFF PHYS. OIRECTOR X 3/20/67 M.O. PHYS 22c. PHYSICIAN'S Crownsville State Hospital, Maryland NAME (Type) Benedict. M.D. directar, should b 23c. NAME OF CEMETERY OR CREMATORY Cemetry 23d. LOCATION (City or Tawn)

A A County 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, (State) BOTTA (Specify) Calvary Central RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ocharles VR A15 (4) Adolphus Halstead 1206 W North Ave OMAR 27 20 M 1/66

4.5° Anne Anales orifocama- dashair of tent & \_\_\_\_\_\_ =110 cons. PLOCKED IN THE ROLL OF enouth CHILL SECINCE RET MOROLIS WESTERN JOHN I THEKER EHMAV. WELLS 5 th HUN BRADY MICKER The first state of the second for the second state of the second 3:182.11 194 et intend et a lethoda let et et et et et et et et BURIAL SISTY ST. HARY'S . ADUADOLIS H.A. HD. John M. Fritardow Chinagolis Mds

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03115 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death - and USUAL RESIDENCE (Where deceosed lived, if institution: Residence before during 1. PLACE OF DEATH
O. COUNTY Armale and campletely filled in by the funeral remave carban papers. Pages 1 and b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) napour d. NAME OF AOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO I NAME OF Middle Last DATE Doy Year DECEASED 190 (Type or print) DEATH S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years Jost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease physician ( during most of working life, every retired INDUSTRY COUNTRY? 13. FATHER'S NAME larrison urner WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** Address (Yes, no, or unknown) (If yes give wor or dates of service) as above. 18. CAUSE OF DEATH (Enter only one couse per, lige for (o), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) by DUE TO signed t and brain Het. Scles. C.V. Dis Conditions, if ony, which gove rise to immediate couse (a), OHER stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO NO YES ā 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21 | certify that (1) (this hospital) attended the deceased fram. . 1966, ta Page 4 may be retained shauld 1967, and that death accurred at ILDAM, from causes and an the date stated above. saw the deceased alive an 3 22aX SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FRKOU Forest Anive Hnnap stis 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF DUP AL

24 FUNERAL DIRECTOR 25h BEGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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BIRTAL 3-15-67 Hillerest Boungais A. Ho.

01	i	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STAT	E	03116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03107
HEALTH DE	PI	PLACE OF DEATH  o. COUNTY  A.A. Ce  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE  MO  b. COUNTY  AACO  The county of the co
2, and 3 to PM3. Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  write RURAL and give, nearest town)  Cirowns vi     e - MD
ges 1, form ote De	ponts 99	D.O.A-NORTH. PRONOEL-HOSP. 146 DOCKSER DRIVE YES NO
er deoi	hin 72	NAME OF DECEASED   First   Middle   Lost   4. DATE   Month   Doy Year   OF DEATH   3   19   6.    SEX   6. COLOR OR RACE   7. MARRIED   7. NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H
urs oft n 18. G ice alor	ent wit	M WIDOWED DIVORCED MAY 8-1431 SS Yrs. Months Doys Hours M
1 24 ha I in Iter er's Off	any event within 72 hours after a	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  Teacher  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Philadelphia, Penna, U.S.A.  14. MOTHER'S MAIDEN NAME
y withir n penci Exomin	100	James Waldron OlDonnell
xecuted Inding" if Medicol	moval,	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) No.  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  INTERVAL BETWEEN
should be executed he word "pending" to the Chief Medicol buriol-tronsit permit.	n, or re	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  ONSET AND DEATH  ONSET AND DEATH
ficote ing the ded	l, cre	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO  (b) Acute alcoholic intoxication  DUE TO  (c)
is certifice, write forwore e used	o burio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO
ER: Th certifica ould be es.	, prior to bu	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
CAL EXAMINER: This execute the certificate, or. Page 4 should be fo d far your files.	d agent, I	p.m. // of work 🗀 of work 🗀
necessary, please execute the certified function of the functor. Page 4 should straight from 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 should be s	designated agent, prior to	21. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from , Watural causes , Accident , Suicide , Hamicide , Undetermined manner
- d - e -	r its de	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY D
TO DEPUTY MACA necessary, pleose ex the funerol director. 5 may be retained it	ealth o	NAME (Type)  F. LIN LATE OF CEMETERY OR CREMATORY  Address (Street, city, town, or county)  3/3/67  30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
01 5 + 2 01	Ĭ	REMOVAL (Specify)  Burial 3/6/1967 Our Lady of The Fields Millersville Md
VR A15ME 6M 1/6	E (5)	24. FUNERAL DIRECTOR  Raymond C. Fink Glen Burnie, Md.  ADDRESS  DATE  MAR 7. 1967    25b. REGISTRAR   25c. REC'D BY REGISTR

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03117	CERTIFICATE	OF DEATH	ກສ	na Ro
	PLACE OF DEATH O. COUNTY  ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE MARYLAND	lived, if institution: Residence b. COUNTY HOWA	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FT GEO G MEADE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporote	887 118	neorest town) 14
	d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospit KIMBROUGH ARMY HOSPITA	tal, give street address)	d. STREET ADDRESS 4 DEWEY DRIVE	/ 3	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Frank XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Middle  MXX T. KXXXXX	Lost 4. DATE OF DEATH	Month MARCH	Doy Year 24 19 67
S.		IED 🔼 NEVER MARRIED 🔲 B		GE (In yeors ost birthdoy) Months [147]	YEAR IF UNDER 24 HRS. Doys Hours Min.
10o duri	ng most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY SERVICE	11. BIRTHPLACE (County & Stote, or foreig GARWOOD, NEW J	COLL	EN OF WHAT VIRY?
13.	FATHER'S NAME DIMYTRO WANAT		ANNA KUFTA		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) Yes Oct. 39 - Apr. 59		etty E. Wanat, Ell	ewey Drive	[d
	IMMEDIATE CAUSE (0)				INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove hise to immediate cause (a), stating the underlying cause	uspicious Acute M	lyocardial Infarct	ion (Pending	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN I	N PART I(a)	19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20t OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Port II	of item 1B.)	
MEDICAL	Hour a.m.		ry, street, office bldg., etc.)	ity or town) (Coun	
	21. I certify that XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************************************	VAS DOA , MX , XX death accurred at 4:25 M, f		e date stated abave
	220. SKINATURE Med	cem grand	ATTENDING MED. PHYS DIRECTOR  22d. ADDRESS	STAFF 22b. DAT	esigned March 196
	22c PHYSICIAN'S NAME (Type) JOHN M. ADAMS,	CPT,MC	KIMBROUGH ARMY H	OSP,FT GEO G	MEADE, MD
	Burial, CREMATION, REMOVAL (Specify)  Burial Parch 29 196	23c. NAME OF CEMETERY OR C			County) (Stote)
	FUNDE OF 1	ADDRESS	tional 250. REC'D BY REGISTRAK	255. REGISTRAR'S SIG	NATURE

Ellicott City

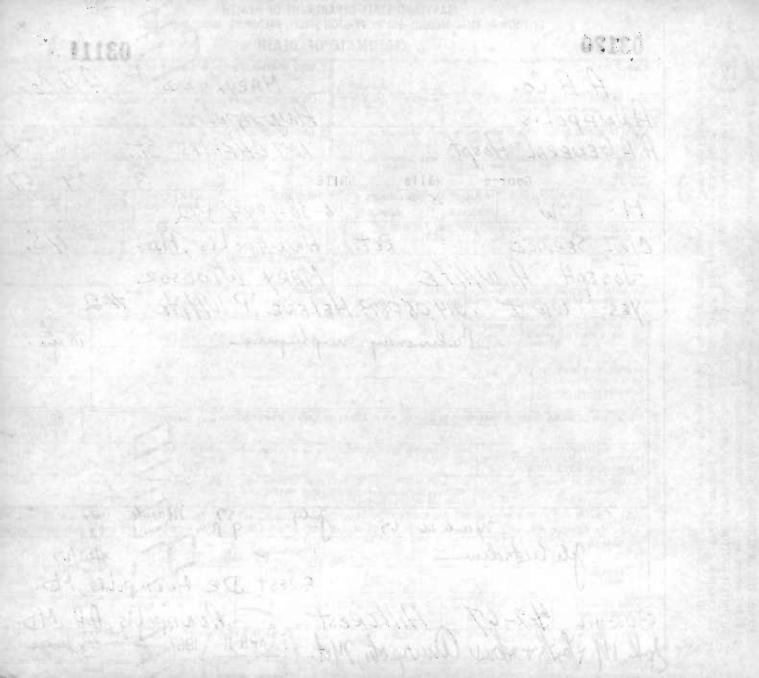
**TO HOSPITAL OR ATTENDING <u>PHYSICIAN</u>:** The law requires thot the death certificote be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY 6.650068 MARYLAND b. CITY DR TDWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Page rs. Pag. write RURAL and give nearest town hours = Dallemore. 21 d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS physician and completely filled n please remove carbon papers val, and in any event, within 72 DN A FARM? ND X YES executed within 3. NAME DF Middle DECEASED (Type or print) DEATH /// 19 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isat birthday) | Months | Days | Hours | Min. 8. 7. MARRIED 9. **NEVER MARRIED** WIDDWFD 3 yrs. 1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life even if retired) COUNTRY? INDUSTRY Mower alass CERRONZE attending phys ermit. Then ple on, or removal, a 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or re 16. SDCIAL SECURITY NO. INFORMANT Address death (Yes, no, or unkown). [(If yes give war or dates of service)] Rine action 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN be retained by the hospital or attending physician. DNSET AND DEATH signed by urial-transit PART I. DEATH WAS CAUSED BY: myotande IMMEDIATE CAUSE (a) After this certificate has been signed be detached for use as the burial-testate Dept. of Health prior to burial, DUE TD Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. as (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 40 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND X 2Da. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whlle Not While at work at work p.m. P the 21. I certify that (I) (this hospital) attended the deceased from... director, page 3 should should be filed with the saw the deceased alive on and that death occurred at A.M., from the causes and on the date stated above. 22a. SIGNATURE DATE SLENED 22b. STAFF Page 4 may b M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S **ADDRESS** 22d. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMDVAL (Specify) MdA A Co Cedar Hill Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Mariles 196 VR A15 (4) McCully F H 237 Patansco Ave 21225 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03120 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CYY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊑ e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES NO NAME OF completely invoice corbon Middle Lost DATE Month Doy Year DECEASED OF DEATH Wells WHITE George (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR birthdoy) Months Doys Hours WIDOWED DIVORCED In on and 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working die even if retired) INDUSTRY COUNTRY? removol, and DERVICE 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, por or unknown) (If yes give wor or dotes of service) 0 cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-tronsit **QNSET AND DEATH** O Mus -IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a), **DUE TO** tor use os the l Health prior to b stoting the underlying couse the hospital ar attending this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 0 etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) After of work 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 19 57 . ta Marile be retained TO FUNERAL DIRECTOR: and that death occurred at 9 P. M. fram causes and an the date stoted abave. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS r, poge 3 be filed PHYS TO HOSPITAL Poge 4 may b ADDRESS 22c. PHYSICIAN NAME (Type) director, should by BURIAL, CREMATION NAME OF COMETERY OR CREMATORY FUNERAL DIRECTOR **ADDRESS** VR A15 (4)-1 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03121 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before PLACE OF DEATH b. COUNTY o. COUNTY a. STATE Anne Arundel MARYLAND Maryland physician ond completely filled in by the fen please remove carbon popers. Pages b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b write RURAL ond give nearest town)
Crownsville 10 days Severn popers. hin 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES X NO Crownsville State Hospital Rt. #3 Box 99B carbon ent, with 3. NAME OF Middle Lost 4. DATE Dov Year DECEASED (Type or print) #34947 Whites 1967 DEATH Lora IF UNDER 24 HRS. 9. AGE (In years IF LINDER 1 YEAR 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED removal, ond in any ev birthdoy) Months Doys Hours WIDOWED DIVORCED 4/22/1887 Female. White 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Unemployed

13. FATHER'S NAME Kentucky
14. MOTHER'S MAIDEN NAME USA Stidmam Harve Dills 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 254-40-0367 Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the buriof-transit p ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Cardio-Vascular Accident rise to immediate couse (o), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X Chronic Brain Syndrome due to Senility 0 TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (County) TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work . 19 67, ta 3/27/ . 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 37187 Page 4 may be retoined director, page 3 should shauld be filed with the 3/27/219 67, and that death accurred at 3:30 M, fram causes and an the date stated above saw the deceased aline of 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF 3/28/67 M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Jonel McHenry Mapp 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial Md. Glen Burnie, Glen Haven Memorial 30 March 67 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR MAR 30 1967 VR A15 (4) 20 M 1/66 Kirkley Funeral Home. Glen Burnie . Md

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If instriction: Residanca bafora edmission) b. COUNTS MARYLAND CITY OR TOWN Thoutside corporate limits. c. LENGTH OF STAY IN 16 G. CITY OR TOWN outside corporate limits, write RURAL and Write RURAL and give nearest town) filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give plaat addrass d. STREET ADDRESS IS RESIDENCE ON A FARM? letely papers. n 72 ho YES NO NAME OF Middle 4. DATE Last Month Dey Year DECEASED (Type or print) OF comp DEATH carbon at, with IF UNDER 24 HRS DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and 7. MARRIED NEVER MARRIED last birthday) Months Deys Hours WIDOWED [ DIVORCED physician remove 12. CITIZEN OF WHAT COUNTRY USUAL OCCUPATION (Give Wind of work during most of working Life, wan if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY State. or foreign country) MOTHER'S MAINEN NAME please 2 13. FATHER'S NAME attending Then oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes giva war or dates of service) permit. physician. 18. CAUSE OF DEATH [Enter only one couse pe signed by ina for (a), (b), end (c). INTERVAL BETWEEN P OMSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a cremation, burial-transit attending peen Conditions, if eny, which gave rise to immadiata cause burial, DUE TO (a), steting the undarlying the ò cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital Se 0 CERTIFICATION PERFORMED? esn prior NO [ YES for 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Health tached After 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) Month, Dev. Year be retained jo factory, streat, office bldg., etc.) While Not Whila Hour e.m. 9 DIRECTOR: Dept. et work et work p.m. 22b. DATE 22a. SIGNAPURE ATTENDING SIGNED HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. M.D. Page with 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 230. BURIAL, CREMATION, I 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY Sig 2 REMOVAL (Specify) REC'D BY REGISTRAR 25b **ADDRESS** DIRECTOR'S SIGNATURE FUNERAL VR A1S (4) 20M 5-63

Total I want of the first the

<b>A</b> 1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAND 21	1201			
FOR STATE	0.04.04	CERTIFICATE OF DEATH	3114			
HEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY  D. CO	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY	ence before admission)			
2, and 3 to PM3. Page spart ment of after death	b. CITY OR TOWN (If autside corporote limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and gi				
P. P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	SEVERNA-PARK.	e. IS RESIDENCE ON A FARM?			
th. If a farm, h farm, h farm, hours	D.O.A NORTH. ARUNOEL.	R12-130×618	ON A FARM? YES NO			
r deat ve Pay 9 with the St in 72	3. NAME OF DECEASED (Type or print) First Middle	UISE Sr. 4. DATE Month OF DEATH MINICH	Doy Year 1967			
hours after death. If any delay is Item 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page I and 2 with the State Department of event within 72 hours after death	S. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED  DIVORCED  DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  3-7-42  19. AGE (In years lost birthdoy)  Months	R 1 YEAR   IF UNDER 24 HRS. Doys Haurs Min.			
	100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)  Chauffer  10b. KIND OF BUSINESS OR INDUSTRY Potts & Callahan	11. BIRTHPLACE (State ar fareign country) 12. (	CITIZEN OF WHAT COUNTRY?			
within 24 pencil in consignistic le poges 1	13. FATHER'S NAME	Balt imore  14. MOTHER'S MAIDEN NAME				
File ond	Robert Wise  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Mary Bridge NFORMANT Address				
ecute ling" edical ermit.	(Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Sarah Wise Box 618 C, Route 2					
should be executed within the word "pending" in pencel to the Chief Medical Examing buriol-transit permit. File pagmation, or removal, and in a	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yide	ONSET AND DEATH			
ote should g the word ed to the C i o buriol-tr cremation,	Q DUE TO Conditions, if ony, which gave ) (b)		Ludden			
ote slig the ed to so but creme	rise to immediate cause (a), stating the underlying couse	#William to No.				
This certificate should be executed within icate, writing the word "pending" in peneral be forworded to the Chief Medical Examined be used as a buriol-transit permit. File page or to burial, cremation, or removal, and in a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
MINER: This of the certificate, 4 should be found in Files.  e 3 should be u gent, prior to be		(Enter noture of injury in Port I or Port II of item 18.)				
ecessary, please execute the certificate funeral director. Page 4 should be may be retained for your files.  FUNERAL DIRECTOR: Page 3 should lealth or its designated agent, prior	20c. TIME OF INJURY Month, Doy, Yeor Hoof o.m. 3 -4 19 6 7 While of wark of wark 19 6 7	CE OF INJURY (Home, form, 20f. (City or town) (Corry, street, office bldg, etc.)	aunty) (State)			
EXA ecute Page or you R: Pog	While of wark of wark of the policy of wark of the remains described obove, held an Autopsy , Inspection of wark of the policy of wark of the remains described obove, held an Autopsy , Inspection of the policy of wark of the remains described obove, held an Autopsy , Inspection of the policy of the policy of wark of the policy of the po					
se extern. ned fi	death resulted from Natural causes , Accident , Suici	ide , Hamicide , Undetermined manner C	, ,			
Y MEDIA pleose ol directo r retained N DIREC its design	SIGNATURE Therfucet	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
O DEPUTY MEDICA necessary, pleose ey the funerol director. 5 may be retained 0 FUNERAL DIRECTO	EXAMINER'S E. L. N handt.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	3-4-67			
TO D	230. BURIAL, CREMATION, REMOVAL (Specify) 3-8-1967  Mt. Carmel	CREMATORY 23d. LOCATION (City or Town)  Baltimore, Maryl	(County) (State)			
VR A15ME (ST	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
6M 1/66	Lilly & Zeiler Inc. 1901-07 Eastern Av	enue DATE MAR 6 1967 JCL	arles Judge			

Mrs. Pareb Mary Box "ID O. Route 2"

Buelyish . -- Port - Torinore, Manylend

tilly & Zeller Ind., 1901-07 Sestant Avenue ... ALR II 1907 July 1907

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P/X 1	1	Division of STATISTICAL RESEARCH AND RECORDS, 30	PARIMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201	
FOR STATE		03124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
HEALTH DEPT.	1.	PLACE OF DEATH  o. COUNTY ANNE ALLUNDEL  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if instituted Residence of STATE MARKY LAND b. COUNTY A	Defore odmission)	
any delay is 2, and 3 to n PM3. Page epartment of after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve neorest town)	
2, on PM3 PM3 defert after	H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	ANNAPOLTS d. STREET ADDRESS	e. IS RESIDENCE	
= 5 5 99	-	TOP IN HOSPICAL	27 OAK COURT	ON A FARM? YES NO	
frer death. I Give Poges long with far ith the State rithin 72 hou	3.	NAME OF DECEASED JOHN First Fig. Middle	Lost 4. DATE Month	Doy Year	
after of Sive along with the within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years _ IF UNDER		
hours after death. Item 18. Give Poge Office along with the Store lond 2 with the Store event within 72 ho	10		9/16/18 1898 lost birthdoy) 68 yrs. Months	Doγs Hours Min.	
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pog should be forwarded to the Chief Medicol Examiner's Office along with files.  3 should be used as a buriol-transit permit. File pages land 2 with the Stant, prior to burial, cremation, or removal, and in any event within 22 hours.	dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY SERVICE		TIZEN OF WHAT DUNTRY S	
within S pencil i caminer le poge	13.	FATHER'S NAME TO LALL LICENT	14. MOTHER'S MAIDEN NAME MADE	VIV.	
ed with in period in perio		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	LILLIE MARKQUESS	40	
e execute pending" ef Medicol ssit permit.	(1)	es po or unknown) (If yes give wor or dotes of service) 200 09 4214	POSIE L. WOOD 4	_	
This certificate should be executed within cote, writing the word "pending" in pencil be forwarded to the Chief Medical Examine be used as o burial-transit permit. File pager to burial, cremotion, or removal, and in a	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PULMONARY HEMORRHA	Minutes-	ONSET AND DEATH	
vord vord ne Ch ol-tra ion, c		163X DUE TO CARCINOMA: OF THAIC	711114	SEVERAL MO.	
ote should the word at to the C o buriol-tr		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse		DEVANCE NO.	
ificot ting irded os c		lost. (c)			
s certifico e, writing forwardec used os burial, c	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
MINER: This certificate should the certificate, writing the word 4 should be forwarded to the Cline. It files.  e 3 should be used as a buriot-tragent, prior to burial, cremation,	CERTIFICATION	I PRIMARY! Lor CONTRIBUTING! 1	(Enter noture of injury in Port I or Port II of item 1B.)	113 110 14	
inner: The certifice should be files. 3 should be files.	MEDICAL CE	CAUSE OF DEATH. NO INJURY	CE OF INJURY (Home, form, 2Df. (City or town) (Co	runty) (Stote)	
	ory, street, office bldg., etc.)	(3.616)			
N EXA xecute Page for you OR: Pog		21. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion			
MEDICAL EXA please execute ol director. Page retained for you L DIRECTOR: Poggitts designoted a		death resulted/fram: Natural cruses 🔼 , Accident 🗌 , Suic	ide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	3/18/67	
JIY MEDIC, please e erol director be retained RAL DIRECT or its design.		SIGNATURE SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED	
o DEPUTY MEDICAL EXAM necessary, please execute the funerol director. Page 45 may be retained for your 5 FUNERAL DIRECTOR: Page Health or its designofed age		EXAMINER'S CHARLES H. WIRTH, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) LOT HIAN	MD.	
necessar hecessar the fune 5 moy to TO FUNER Health o	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(Jounty) (State)	
VB AIGHERS	24	ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRARS		
VR A15MEMS 6M 1/66	4	Km /11. Ja Tort Sow Uniopoles, Me	2. DARAR 21 1967 yellarl	as Judge	

EARLIE RIGGER CHILL SERVICE DUNKIRK, MD. JoHN WOOD LILLIE MARKOUESS YES WINT SOO OF 4214 POSIE L WOOD 34210L 3-81-67 M. Zion John M. To forthow Chungodis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03125 deoth. The law requires that the death certificate be executed within 24 hours ofter death ottending physición and completely filled in by the funeral permit. Then please remove carbon papers. Pages I and ion, or removal, and in ony event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY D.C. Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)

Annapolis c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 Washington e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Bay Manor Nursing Home 1901 3rd. Street. N.W. YES NO 3. NAME OF First Middle Lost 4. DATE Doy Year DECEASED CLARENCE K. WORMLEY 25 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Hours Dovs 1/8/1875 Male Negro DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Washington. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James T. Wormley Mary Ringold 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1901 3rd. Street, N.W (Yes, no, or unknown) (If yes give wor or dates of service Gertrude D. Wormley Washington D.C. cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), god (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospitol or attending physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been prior to use os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO X for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. Not While 19 ot work pe 1965 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 1967, and that death accurred at 10:50 PM, fram causes and an the date stated above. director, page 3 should should be filed with the saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. V DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) Landover, Maryland Harmony 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 You Street. N.W. Jarvis Miarlen

6.3 31120 Listing Lynnes L. Will testile one love - - - cook anticook tooks yet 2787387E -weshington, I.C. More Rinsold rabriow I pecal. AND Red Street, F.M. Cartride L. Morrier menianten, T.T. Company of the Manager of the Company of the Compan TOTAL SANCES TOTAL bunkvirt, throngs The tree to the contract of Still to diving Jeansh .